OCT 30 1981

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Office of Human Development Services
Administration for Children, Youth and Families
Children's Bureau
National Center on Child Abuse and Neglect

445-L-1

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# STUDY FINDINGS

## National Study of the Incidence and Severity of Child Abuse and Neglect

# Acknowledgments

The National Incidence Study was designed and implemented by Westat, Inc. and Development Associates, Inc., under the sponsorship and direction of the National Center on Child Abuse and Neglect (NCCAN). At NCCAN, David Sears, Joseph Wechsler and Douglas Besharov guided the development of the study design and provided administrative oversight and technical assistance to the contractors. Contractor staff and consultants who contributed to the study are listed below.

This study would not have been possible without the support of a great many organizations and individuals. The study team is particularly indebted to the staff of the National Study of Child Neglect and Abuse Reporting at the Children's Division of the American Humane Association, whose assistance and advice were helpful in many ways. We also wish to acknowledge the following groups, whose endorsements opened many doors for the study: the Council of Chief State School Officers, the National Education Association, the Education Commission of the States, the American Association of School Administrators, the American Nurses Association, the American Public Welfare Association, the American Association of Psychiatric Services for Children, the American Bar Association, and the American Hospital Association.

Finally, and most importantly, we wish to thank the hundreds of individual caseworkers, teachers, police officers, and other professionals in the study counties who contributed so much of their time in the effort to bring greater attention and awareness to the serious problems of child abuse and neglect.

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## National Study of the Incidence and Severity of Child Abuse and Neglect

This report was made possible by Contract No. HEW-105-76-1137 from the National Center on Child Abuse and Neglect, Children's Bureau, Administration for Children, Youth and Families, Office of Human Development Services, U.S. Department of Health and Human Services.

DHHS Publication No. (OHDS) 81-30325

Issued September 1981

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# 1. Introduction

## Overview of Report

This report presents an analysis of data from the National Study of the Incidence and Severity of Child Abuse and Neglect. The report is written for professionals in the field, and the emphasis is upon findings, rather than methods or policy implications.

This introductory chapter presents a brief historical perspective and overview of the study objectives and definitions. Chapter 2 summarizes the study's data collection and data analysis methodology.[1] Chapter 3 presents estimates of the numbers and kinds of cases reported to Child Protective Services (CPS) agencies, of the numbers of additional children identifiable from other community agencies, and of the overall measured incidence of abuse/neglect. In Chapter 4, incidence estimates are computed for the major categories of child maltreatment and for various demographic subpopulations. Chapter 5 summarizes the study's definitional requirements for the specific forms and subcategories of maltreatment and describes the children identified as meeting these requirements. Chapter 6 examines demographic factors associated with the recognition and reporting of child maltreatment. Finally, Chapter 7 presents a brief summary of the findings.

This report highlights major study findings with respect to the above topics. A series of more detailed reports focusing on specific policy and research issues is planned.

## Historical Background

Widespread public concern about the problems of child abuse and neglect is largely a phenomenon of the 1970's. Organizations such as the Society for the Prevention of Cruelty to Children, the Children's Division of the American Humane Association, the Child Welfare League of America, and others have been active in the field for many years, and Federal involvement dates from 1935, when the Social Security Act first provided funding of public welfare services "for the protection and care of homeless, dependent and neglected children and children in danger of becoming delinquents."[2] It was not until the mid-1960's, however, that the first state laws were enacted mandating reporting to public agencies of suspected cases of child abuse and neglect and offering reporters protection from retaliatory litigation (e.g., slander suits, suits alleging breach of confidentiality). Between 1963 and 1966, 49 states enacted such reporting laws.[3]

In large measure, the impetus for this initial surge of legislation was provided by the work of Kempe and his associates at the Colorado General Hospital, who coined the term "battered child syndrome" in the early 1960's and effectively called public attention to the problem of severe physical abuse of children.[4] The reporting statutes enacted during the 1960's varied from state to state, but generally focused on removal of legal obstacles to reporting of "battered children" by medical professionals. In most states, the statutes were not highly publicized at first and did not stimulate high levels of reporting.

In 1970, the Florida Department of Social Services compiled 17 reports of suspected child abuse or neglect. The following year, the department instituted and widely publicized a statewide toll-free "hot line" for reporting of suspected cases. In its first year of operation, the hot line received 19,120 reports, far more than the Department expected or was prepared to handle.[5] This dramatic experience did much to awaken public concern and to raise questions both about the "true" magnitude of the problems of child abuse and neglect in the United States and about the adequacy of existing mechanisms for the identification and protection of abused and neglected children.

A series of hearings on these subjects, held by the Senate Subcommittee on Children and Youth in 1973, resulted in the passage of P.L. 93-247, the Child Abuse Prevention and Treatment Act, which was signed into law in early 1974.[6] The Act created a National Center on Child Abuse and Neglect (NCCAN) to support state and local efforts for the prevention and treatment of child abuse and neglect. The Act also instructed NCCAN to "make a full and complete study and investigation of the national incidence of child abuse and neglect . . ." (Section 2(b)(6)).

Immediately upon its creation, NCCAN began work on the formulation of a model state Child Protection Act to define child abuse and child neglect, specify how, when, from whom and to whom reports of suspected abuse or neglect should be made, and detail the actions to be taken

[1] Additional information about data collection procedures, definitions, sample design, and statistical estimation procedures is contained in a separate *National Incidence Study Methodology* report, which is available upon request from the National Center on Child Abuse and Neglect (NCCAN Clearinghouse, P.O. Box 1182, Washington, D.C. 20013).

[2] *Child Welfare Strategy in the Coming Years*, U.S. Children's Bu- 1978, DHEW Publication No. (DHDS) 78-30158, p. 5.

[3] Sussman, A. and Cohen, S., *Reporting Child Abuse and Neglect: Guidelines for Legislation*, Ballinger: Cambridge, Mass., 1975.

[4] Kempe, C.H., Silverman, F.N., Steele, B.F., Droegemueller, W. and Silver, H.K., The battered-child syndrome. *J.A.M.A.*, 181, 1, 1962, 17-24.

[5] Sussman, A. and Cohen, S., *Op. cit.*, 1975.

[6] *Child Abuse Prevention and Treatment Act, 1973, S. 1191, Parts 1 and 2.* U.S. Congress, Senate Committee on Labor and Public Welfare, Subcommittee on Children and Youth, 93rd Congress, March 26, 27, 31, April 24, Washington, D.C.: U.S. Government Printing Office, 1973. The Act was subsequently amended in 1978.

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upon receipt of such reports. An initial draft of the NCCAN "Model Act" was completed in 1976 and—based upon inputs from the field—it was updated in 1977.[7] Key features of the Model Act are that it authorizes reporting of suspected child abuse or child neglect by "any person" and requires such reporting by a wide range of law enforcement, medical, mental health, educational and child care professionals; it specifies that reports are to be made to the state Department of Social Services (DSS) and/or the Child Protective Services division of the local DSS (Welfare Department).

In 1976, when the initial draft of the Model Child Protection Act was completed, NCCAN awarded a contract for the design and implementation of a national study of the incidence and severity of child abuse and neglect.[8] After two years of design and pretest work, the National Incidence Study was conducted in 1979–1980. The study results are the subject of this report.

As work on the formulation of the National Incidence Study went forward, NCCAN continued its efforts to support modernization and standardization of state child protective service programs and reporting statutes. Since 1976, most states have updated their reporting laws to incorporate some or all of the provisions of the Model Act. All 50 states now have laws mandating the reporting of suspected child abuse or neglect. In most states, reports are to be made to the Child Protective Service division of the state and/or local Department of Social Services. In some states, reports may also be made to other designated agencies such as the juvenile court, the local police department or the public health department.[9]

Another major development since 1976 was the establishment of an ongoing National Study on Child Neglect and Abuse Reporting. Operated by the Children's Division of the American Humane Association, this project collects and analyzes statistical information from all 50 states about reports of suspected child abuse and neglect received by Child Protective Services agencies. Findings from the national reporting study indicate that, with growing public awareness of the problems of abuse and neglect and trends toward broadening and publicizing of report laws, reporting has increased substantially in recent years. In 1976, the first year for which data from all 50 states were available, 416,033 reports were documented; by 1979, the number had jumped to 711,142, an apparent increase of 71 percent over a three year period.[10]

## Objectives of National Incidence Study

The design of the National Incidence Study was derived from a simple conceptual model, shown in Figure 1. The premise is that, although substantial numbers of abused and neglected children are recognized as such and are reported to the state and/or local Child Protective Services (CPS) agency, reported children (Level 1 in the model) represent only "the top of the iceberg."

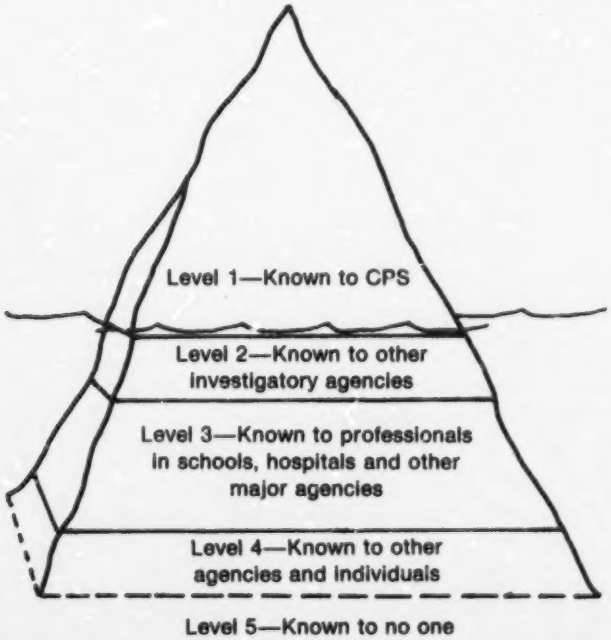
[7] *Model Child Protection Act with Commentary*, draft, U.S. Department of Health, Education and Welfare, Children's Bureau, NCCAN, 1977.

[8] This had been preceded by the conduct of a feasibility study in 1975.

[9] *Child Abuse and Neglect: State Reporting Laws*, National Center on Child Abuse and Neglect, 1980, DHHS Publication No. (OHDS) 80-30265.

[10] *National Analysis of Official Child Neglect and Abuse Reporting (1978)*, National Center on Child Abuse and Neglect, 1980, DHHS Publication No. (OHDS) 80-30271; see also *National Analysis of Official Child Neglect and Abuse Reporting (1979)*, National Center on Child Abuse and Neglect, 1981, in press.

**Figure 1.** Level of recognition of child abuse and neglect.


Level 1—Known to CPS
Level 2—Known to other investigatory agencies
Level 3—Known to professionals in schools, hospitals and other major agencies
Level 4—Known to other agencies and individuals
Level 5—Known to no one



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The model assumes that additional children are known to other "investigatory" agencies such as police and public health departments, courts and corrections agencies, and the like (Level 2). The mandate of Child Protective Services to deal with abused and neglected children is comparatively new and may overlap or even conflict with these other agencies' mandates to deal with related problems, such as felonious assault, homicide, delinquency, dependency, domestic disputes, "children in need of control," or nutrition and hygiene problems. Unresolved or disputed questions of definition and responsibility could be among the major reasons additional abused and neglected children would be found at this second level. Such children would be "officially known," in a sense, but they would not necessarily be viewed as abused/neglected and they would not necessarily be receiving assistance for their abuse/neglect problems.

At the next level (Level 3) are abused and neglected children who are not known to CPS or to any Level 2 agencies but who *are* known to professionals in other major community institutions: schools, hospitals, and social service and mental health agencies. Such children could remain "hidden" at this level for many reasons. Definitional ambiguities could be involved in some cases, as at the previous level. Even when a problem is clearly recognized as abuse or neglect, it might not be reported to CPS for any number of reasons: the professional who knows about the situation may feel that he or she is in the best position to help, may not trust CPS to handle the problem appropriately, may have apprehensions about becoming involved in an "official" investigation, etc.

At Level 4 are abused and neglected children who have not come to the attention of any of the above agencies but whose problems are recognized by someone: the child, the perpetrator, another member of the family, a neighbor, or someone else.

Finally, no doubt there are some children who are abused or neglected but are not recognized as such by anyone (Level 5). The parent may not realize the abusive or negligent nature of his or her behavior; the child may not either (e.g., an infant), and no one else may have observed the situation.

This level of recognition model points up some of the difficulties in attempting to measure the "true" incidence of child abuse and neglect. Level 5 is especially elusive. Obviously, it would be very difficult to document occurrences which are not known to anyone. Identification of Level 4 children would be only slightly less difficult. In principle, one could identify such children through surveys of parents, children, and/or neighbors. Several surveys of this kind have been conducted, but usually on a small scale and only with reference to physical abuse.[11,12] Telephone and in-person self-report surveys of parents were given serious consideration during early stages of the National Incidence Study and, in fact, were pretested. Ultimately, such approaches were abandoned because of concerns about the reliability and validity of self-report data, particularly in the areas of sexual and emotional abuse and in all areas of neglect.

After concluding that it was not feasible to collect reliable information about Level 4 or Level 5 children, the National Incidence Study focused on Levels 1, 2, and 3. In a probability sample of 26 counties across the nation, the study assembled information about the numbers and characteristics of abused and neglected children who were known to CPS, to other investigatory agencies or to professionals in other major community institutions which come into contact with children. The primary study objectives were to obtain a more comprehensive picture of the extent and character of recognized child abuse and neglect than is achievable from official report statistics alone and to examine how and how well the official reporting system is working.

A secondary objective was to obtain a more precise understanding of officially reported cases than is possible from aggregation of data collected by the 50 individual states. Although great strides have been made in improving the standardization and quality of state-operated information systems in recent years, significant questions and problems remain when state-reported data are aggregated. For example, interpreting national statistics about number of reports to CPS is complicated by the fact that, in counting "reports," some states count families while others count individual children. Usually, the extent or duplication is unknown (e.g., Do 20 reports represent 20 different children, or are some individuals being reported and counted more than once?) as is the completeness of the data (e.g., Are all reports included, or are some being lost along the way?). Definitional and procedural differences among the states further complicate interpretation of state-collected CPS statistics. Thus, collection of standardized data about official (CPS) reports was a secondary, but important, objective of the National Incidence Study.

## Study Definitions

### a. Definition of Child Maltreatment

The terms child abuse and child neglect cover a lot of territory. Abuse/neglect is not one problem, or even two; rather, it is a multitude of problems which can occur in the day-to-day interactions between a child and the adults responsible for his or her care. These problems shade imperceptibly into one another (for example, sexual abuse usually has elements of physical and emotional abuse as well) and into other kinds of social and family problems—poverty, alcoholism, teenaged parenthood, spouse abuse, drug abuse, etc. Moreover, there is no clear line of demarcation between "normal" or "acceptable"

[11] Gil, D., *Violence against Children: Physical Child Abuse in the United States*, Harvard University Press: Cambridge, Mass., 1970.

[12] Gelles, R.J., *The Violent Home: A Study of Physical Aggression between Husbands and Wives*. Sage: Beverley Hills, Calif., 1974.

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child rearing practices and those which are "abusive" or "neglectful." "Spare the rod and spoil the child" is a time-honored precept in our society, and corporal punishment is accepted as a "normal" practice. Physical abuse is not. Yet, where does the one leave off and the other begin? Such "threshold" questions can be asked in every area of child abuse and neglect.

As noted earlier, widespread concern about child abuse and child neglect problems is a comparatively recent development, and consensus has yet to be reached as to the specific meanings of these terms.[13] To a very considerable extent, state legislatures have left it up to professionals in the field to interpret specifically what constitutes "abuse" or "neglect." For example, the reporting statutes in several states define "neglected child" as "a child . . . who is without proper parental care because of the faults or habits of his parent, guardian, or other custodian. . . ." "Proper" care and parental "faults" are not defined in the statutes.

In designing the National Incidence Study, it was considered imperative that operational definitions be established to specify as clearly and objectively as possible the kinds of problem situations which would or would not be encompassed. The definitions ultimately developed for the study are in some ways similar to those in the NCCAN Model Child Protection Act. Like those in the Model Act, the study definitions focus on the acts or omissions of the child's parents or other adult caretakers and on the harmful effects of those acts/omissions on the child's health or development. The general study definition was:

> A child maltreatment situation is one where, through purposive acts or marked inattention to the child's basic needs, behavior of a parent/substitute or other adult caretaker caused foreseeable and avoidable injury or impairment to a child or materially contributed to unreasonable prolongation or worsening of an existing injury or impairment.

In implementing the general study definition, seven more specific criteria were established, all of which would have to be met in order for a child to be considered within the scope of this study:

a. *Age of child:* child was live-born[14] and under 18 years of age at the time of the harm-causing acts or omissions.
b. *Residence of child:* child lived in one of the 26 study counties at some time during the period May 1, 1979 to April 30, 1980.
c. *Custody status of child:* child was a non-institutionalized dependent of parent(s)/substitute(s) at the time of the harm-causing acts or missions.
d. *Time of occurrence:* harm-causing acts or omissions occurred during the (four or twelve month) study period which applied for the respondent agency.
e. *Person responsible for maltreatment:* a parent, parent substitute or other adult caretaker was responsible for the harm-causing acts/omissions; maltreatment by other persons (e.g., a sibling, a neighbor) or developmentally maladaptive behavior by the child (e.g., habitual truancy, delinquency, prostitution) was in-scope only if knowingly permitted by a parent/substitute.
f. *Nature of maltreatment acts or omissions:* the occurrence or prolongation of injury/impairment was a foreseeable consequence of purposive (non-accidental) acts or of marked inattention to the child's basic needs.
g. *Effect of maltreatment:* there must be reasonable cause to believe that maltreatment acts/omissions during the study period caused or materially contributed to the occurrence or unreasonable prolongation of some actual injury or impairment; depending upon the form of maltreatment, the injury/impairment must be of "moderate" or "serious" severity, at minimum.

The last two criteria were further elaborated to detail the particular kinds of acts/omissions and the particular harm "thresholds" required for 21 specific forms of maltreatment. These category-by-category requirements are summarized on pages one and two of the guidelines to study respondents, shown in Appendix B. The study's definitional requirements are discussed further in Chapter 5 of this report.

The study definitions encompass a wide range of maltreatment situations, including some areas which have only recently become incorporated in state reporting laws. Thus, in addition to the traditional areas of physical and sexual abuse and physical neglect, the study definitions encompass problems in the areas of educational neglect and emotional abuse/neglect. In this respect, the study definitions are consistent with the NCCAN Model Act and with many of the newer state reporting statutes. In many other respects, however, the study definitions are extremely narrow and conservative, excluding many kinds of problem situations for which protective or other services might be appropriate. Among them:

- Institutional abuse or institutional neglect.
- Any physical or sexual assault (e.g., by peers, siblings, strangers) in which an in-home parent or other adult caretaker was not directly implicated.

[13] This is not to imply that consensus is in the offing. Recent research indicates that different professional groups maintain widely varying perceptions concerning the kinds and degrees of problems which constitute "child abuse" and "child neglect." See, for example, Giovannoni, J.M. and Becerra, R., *Defining Child Abuse*, Free Press: N.Y., 1979.

[14] Congenital drug dependence and other problems resulting from acts/omissions during pregnancy or delivery were exluded.



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- Parent or other caretaker behavior which, however inappropriate, inadequate, or dangerous, did not appear to have caused or prolonged any particular injury or impairment during the study period. The study did not deal with situations where a child's health or safety was endangered through abusive or neglectful treatment, only ones where injuries had actually occurred from such treatment.
- Any problem, hazard, or injury which the parent/substitute lacked the financial means to prevent or alleviate and for which appropriate assistance was not available through public agencies.
- Lack of care resulting from parent/substitute death, hospitalization, incarceration or other circumstances making it physically impossible to provide—or arrange for—adequate care.

**b. Definition and Measurement of Incidence**

The study defined incidence of maltreatment as the annual number of children (per 1,000 children in the U.S.) who experience in-scope maltreatment. The key elements of this definition are:

- The incidence estimate was based on an estimate of the number of children who met the study requirements in one or more maltreatment categories. The study did not attempt to "count" families, incidents, or reports. The ultimate "count" was of *children:* how many different children met the study requirements in at least one category of maltreatment?
- The time parameter was a 12-month period, specifically, May 1, 1979 to April 30, 1980. During that time, many different incidents of several different forms of maltreatment may have occurred, but any particular child would be "counted" only once in any particular incidence estimate.
- Incidence was expressed as a rate, the denominator of which was an estimate of the number of children under 18 in the nation, in thousands. For example, the denominator in the estimated incidence of maltreatment for the 15–17 age group was an estimate of the total number of 15–17 year olds (in thousands) in the United States.[15]

[15] Unless stated otherwise, denominator estimates were derived from Census Bureau population estimates contained in *Statistical Abstract of the United States: 1979* (U.S. Bureau of the Census, Washington, 1979) and are estimates for or projections to 1979.

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# 2. Methodology

## Selection of County Sample

The National Incidence Study was conducted in a stratified random sample of 26 counties clustered within 10 states: Arizona, California, Georgia, Illinois, Kansas, Missouri, New Hampshire, New York, Ohio, and South Carolina.

Overall, the sample contained:

- Ten "urban" counties—located in one of the 277 Standard Metropolitan Statistical Areas (SMSA's) in the nation and containing the central city of the SMSA. These 10 counties ranged in population from 90,000 to 1,600,000 and averaged 426,000.
- Six "suburban" counties—located in a SMSA but not containing the central city (example: DuPage, IL, a suburb of Chicago). These counties ranged from 90,000 to 550,000 in population, averaging 280,000.
- Ten "rural" counties—not located in SMSA's, with populations ranging from 7,000 to 85,000 and averaging 33,000.

Each sample county had a known probability of selection, which provided the basis for computing national estimates.

## Data Collection Procedures

Data collection procedures in CPS agencies were quite different from those in other (non-CPS) agencies, as described below.

### a. CPS Data Collection

The study design called for completion of a "family-level" data form[1] for each report of suspected child abuse or child neglect received by the county Child Protective Services (CPS) agency between May 1, 1979 and April 30, 1980, excluding reports immediately referred to other agencies or otherwise screened out with no attempt at investigation. As a quality control device, reports were recorded on a special study log as they came into each local CPS office, and completed data forms were checked off against the log as they were received.[2]

Two CPS data forms were used, a "long form" containing all information needed for statistical analysis and a "short form" containing only enough information to permit identification of "duplicates," situations where a particular child was reported more than once during the study. In counties where the expected total number of reports over the 12-month data collection period was less than 200, long forms were used for all reports. In the 16 larger counties, long forms were used for all reports involving fatalities or suspected sexual abuse and for a random sample of the remaining reports.[3] Short forms were used to describe all other reports.

To assure maximum quality control and minimize what otherwise would have been an enormous response burden for agency personnel, the researchers provided each state with a CPS Coordinator to assist the local CPS offices.

[1] The CPS forms requested information about the family and about all children in the family who were suspected ("alleged") by the source of the report to have been abused or neglected—see Appendix A.

[2] The study log was maintained by study staff, from information contained in agency intake logs or records. If the agency did not normally maintain such a log, one was established for the duration of the study.

[3] Sampling procedures in large counties were designed to obtain sufficient information for statistical analysis while reducing the response burden and processing costs that would have occurred if long forms had been obtained for all reports.

**Table 2-1.** Results of CPS data collection in sampled counties, by type of county.

| Statistic | Type of county | | | |
|---|---|---|---|---|
| | Urban | Suburban | Rural | Total |
| 1. No. counties in sample | 10 | 6 | 10 | 26 |
| 2. No. reports of suspected abuse/neglect received by CPS agencies May 1, 1979 to April 30, 1980, from report log | 13,711 | 2,833 | 1,356 | 17,900 |
| No. completed data forms obtained: | | | | |
| 3. Long forms | 3,307 | 1,235 | 1,030 | 5,572 |
| 4. Short forms | 10,161 | 1,596 | 316 | 12,073 |
| 5. Total | 13,468 | 2,831 | 1,346 | 17,645 |
| 6. Completion rate (line 5 ÷ line 2) | 98.2% | 99.9% | 99.3% | 98.6% |
| 7. Average effective sampling rate (line 3 ÷ line 2) | 24.1% | 43.6% | 76.0% | 31.1% |



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The level of assistance and the specific responsibilities of the CPS Coordinator varied, depending on the needs and circumstances of the individual CPS offices. Typically, the Coordinator maintained the study report log, identified reports for which a long form was needed, assisted in the preparation and transmittal of data forms, and followed-up on home office inquiries concerning data forms with incomplete or inconsistent information.

Table 2-1 summarizes the results of the CPS data collection. A total of 17,900 reports of suspected abuse/neglect were logged during the study year by the 26 CPS agencies, and completed data forms were obtained for 17,645 of them (98.6 percent). For 23 counties, the completion rate was over 99 percent; completion rates for the remaining three counties were 87 percent, 89 percent, and 97 percent.

The sampling procedures used in the various counties produced a total of 5,572 long forms for statistical analysis. These forms represent an overall average of 31 percent of the reports received by the CPS agencies in the study counties.

**b. Non-CPS Data Collection**

In addition to CPS caseworkers, professional staff in an average of 20 other agencies per county were asked to participate in the study.[4] These non-CPS agencies were of two general types: other agencies which may have statutory authority for investigation or treatment of situations involving child abuse or neglect, and other institutions and agencies whose staff may encounter abused or neglected children. Agencies in the former category ("other investigatory agencies") included:

- The county juvenile probation department, juvenile court, or equivalent agency (one per county);
- The county sheriff's department or county police department (one per county);
- Local police departments serving cities/towns of 5,000 or more population (all such departments, except in three large counties where samples of 4-5 departments were drawn);
- The office of the county coroner or medical examiner (one per county); and
- The county public health department (one per county, if thought likely to encounter pertinent cases).

Agencies in the latter category ("other study agencies") included:

- Public schools (a random sample of 10 schools in most counties; 24 in each of the two largest counties);
- Short-stay general hospitals located within the county (all such hsopitals, except in one large county where a sample of 13 was drawn); and
- A small number of mental health facilities and other social service agencies thought capable of identifying cases, such as runaway or women's shelters, rape crisis counseling centers, family service agencies, and the like (one to five per county, depending on the county population).

At non-CPS agencies which agreed to participate in the study, the professional staff were given concrete guidelines describing the kinds of "child maltreatment" situations which were of interest to the study and were asked to provide certain narrative and demographic information about any children they suspected to have experienced one or more of these situations during a specified four month period.[5] As the individual respondent preferred, information could be provided either by filling in a "child-level" data form[6] or by anonymously calling a toll-free WATS line number and giving the data form information to a study telephone interviewer. Participants were assured that information would be treated as confidential and used only for research purposes. They were also explicitly advised that the study team would take no action to identify or protect children described to the study and that providing information to the study did not constitute an official report as may be required under state law.[7]

As with CPS agencies, non-CPS data collection was prospective in nature. Agency staff were oriented to the study during the first month of the four-month period and were asked to provide information, voluntarily and at their own initiative, if and when cases came to their attention.[8] The non-CPS guidelines and data form are

[4] The number of non-CPS agencies was derived from budgetary considerations. The kinds of non-CPS agencies included in the study was determined largely on the basis of findings from the study's pretest, which encompassed a much wider range of professionals and agencies. Agencies which contributed relatively large numbers of unreported cases in the pretest (e.g., public schools, hospitals, mental health agencies) were selected in preference to ones which contributed fewer cases (e.g., private schools, day care and preschool programs). Some agencies which could be accommodated at relatively slight incremental cost (such as coroner's and sheriff's departments, since there is only one of each in any given county) were included, even though they had not contributed many cases in the pretest.

[5] The specific four month period varied. Generally, one county in a given state had September-December, 1979, another had October 1979-January 1980, and the third had November 1979-February 1980.

[6] Unlike the CPS forms, this form described a single child. If more than one child in a family was suspected to meet the study requirements, more than one form was needed.

[7] At the request of the state DSS, these provisions were modified slightly in one state: there, non-CPS respondents were notified that, if specifically requested by the respondent, the researchers would file a report with CPS on the respondent's behalf. However, no such requests were made.

[8] Often, respondents provided information on their own time as well as at their own initiative. For example, many teachers who identified cases did so from their homes, as they did not have access to a phone during school hours or sufficient time or privacy for filling in confidential data forms at school.



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**Table 2-2.** Participation data for non-CPS agencies encompassed by study design.

| Type of agency, excluding CPS | Number of eligible agencies[1] (1) | No. sampled/ designated agencies (2) | Number of participating agencies (3) | Participation rate (4)[3] | Total No. cases submitted (5)[2] | Mean No. cases submitted (6)[4] |
|---|---|---|---|---|---|---|
| **Investigatory agencies** | | | | | | |
| Juvenile probation department, or equivalent | 26 | 26 | 24 | 92% | 606 | 25.2 |
| Local police/sheriff's departments | 167 | 102 | 86 | 84% | 604 | 7.0 |
| Office of county coroner/medical examiner | 26 | 26 | 24 | 92% | 7 | 0.3 |
| County public health department | (19) | 19 | 19 | 100% | 121 | 6.4 |
| Total | 238 | 173 | 153 | 88% | 1,338 | 8.7 |
| **Other study agencies** | | | | | | |
| Short stay general hospitals | 100 | 92 | 70 | 76% | 408 | 5.8 |
| Public schools | 2,087 | 282 | 252 | 89% | 929 | 3.7 |
| Mental health agencies | (21) | 24 | 21 | 87% | 152 | 7.2 |
| Other social service agencies | (32) | 36 | 32 | 89% | 297 | 9.3 |
| Total | 2,240 | 434 | 375 | 86% | 1,786 | 4.8 |
| Total, all non-CPS agencies | 2,478 | 607 | 528 | 87% | 3,124 | 5.9 |

[1] Entries indicate the number of agencies in the 26 study counties to which county-level findings were generalized through statistical weighting of cases obtained from participating agencies. Specific public health departments, mental health agencies and other social service agencies were asked to participate only if there was reason to believe they could contribute suspected cases; the combined total number of such agencies in a given county ranged from two to six depending on the population of the county. Because of this non-random method of selection, findings for participating agencies in these categories are *not* weighted to represent any larger number of "eligible" agencies.

[2] Entries exclude cases which clearly failed to meet minimal requirements: child under 18 and resided in a study county; suspected events occurred during the four-month study period; etc.

[3] Entries = line 3 ÷ line 2.

[4] Entries = line 5 ÷ line 3.

presented in Appendix B.

Results of the non-CPS data collection effort are summarized in Table 2-2. Overall, 528 non-CPS agencies participated in the study, representing 87 percent of the 607 agencies asked to participate. The participation rate was 88 percent for investigatory agencies and 86 percent for all other agencies sampled or designated in the design. The participation rate for public schools would have been higher (i.e., 93 percent rather than 89 percent) but for the unfortunate occurrence of a school strike in the largest city of the largest county in the sample, which caused a loss of 10 of the 24 sampled schools in that county. The lowest rate of participation was that for hospitals (76 percent).

These high participation rates are doubly impressive when one considers the intrusive nature of the study, its unusual duration (four months of continuous data collection), and the possible risks associated with participation.[9] The fact that so many agency administrators agreed to authorize participation by their staff says much about the importance these administrators attached to the goal of documenting the extent of child abuse and neglect in the United States.

It should be noted, however, that nonparticipation *was* a problem in the non-CPS component of the study. Ironically, participation negotiations were most difficult and were most often unsuccessful at agencies which, by virtue of size or clientele, believed they would encounter substantial numbers of children meeting the study re-

[9] The staff of most study agencies (including courts and police) are required by law to report *all* suspected cases of child abuse and neglect to CPS, and the obvious purpose of the non-CPS data collection was to identify unreported cases. Thus, participation by agency staff could amount to documentation of noncompliance with law and could potentially create numerous legal and other problems (e.g., in connection with medical malpractice suits) for the agency and its staff.



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quirements. Logistical difficulties and concerns about response burden for agency staff were significant problems for such agencies and were not always overcome. Thus, although nonparticipating agencies were few in number, they included the largest police department in the sample, the largest hospital (which had a special child abuse team), and several other agencies which would have been expected to contribute large numbers of cases. The loss of all central city schools in the largest county in the study was also significant.

Among participating non-CPS agencies, quality of participation varied considerably from one agency to another. High levels of interest and support occurred at some agencies but not at others. For example, probation officers at one juvenile probation department identified 165 suspected cases to the study, while those at two other departments of similar size and function identified zero and three cases; respectively. One high school guidance counselor spent six hours on the telephone dictating information about suspected cases in his school; many other guidance counselors did not. As a result of these two factors—underrepresentation of large agencies and incomplete participation by the staffs of many participating agencies—findings from the non-CPS data collection undoubtedly underestimate the numbers of in-scope cases known to the staffs of agencies encompassed by the study design.

Returning to Table 2-2, it may be seen that participating juvenile probation departments had the highest per agency response, submitting an average of 25.2 suspected cases apiece. The lowest average response was obtained for coroners and medical examiners: the 24 such agencies submitted a total of only seven cases, or 0.3 per agency. Public schools had the next lowest per-agency response (3.7 cases per school) but, because of the large number of schools in the study, schools accounted for the largest total number of suspected cases (929).

Of the 3,124 non-CPS data forms obtained, 23 percent were called-in on the study's WATS line; the rest were received by mail.

## Data Processing

Three major steps were involved in the processing of data forms: assessment, unduplication, and estimation. Briefly, these steps were as follows:

### a. Assessment

CPS long form reports were assessed in two stages. The first assessment was made by the CPS caseworker who investigated the report. The caseworker was asked to classify the report as "unfounded," based on agency standards and criteria. Data forms were to be submitted to the study within three weeks of the date of the report to CPS. If the investigation had not been completed by that time, a provisional assessment of "indicated" (meaning there were strong indications of abuse or neglect, as defined by the agency) or "unfounded" was requested. If the report was "substantiated" by CPS (i.e., founded or indicated) for any child in the family *or* if any child was believed to have experienced a situation meeting the study requirements, details of the situation were to be given for each applicable child. Otherwise (i.e., if the child was *not* assessed as founded or indicated and was *not* identified by the CPS caseworker as meeting the study criteria), it was assumed that he/she did not meet the requirements, and no further assessment was made.

Based on the caseworker's narrative information and using detailed specifications, a second assessment was made for each child who was substantiated by CPS or was thought to meet the study requirements: the researchers assessed the likelihood that a situation meeting the *study's* definitional requirements had occurred. After assessing each applicable form of substantiated or suspected maltreatment for a particular child, an overall assessment was made of the likelihood that the child had experienced any "in-scope" form of maltreatment. Similar assessments were made for all non-CPS data forms.

The study assessment took into account both the substance of the suspected situation (who was thought to have done what to whom, when, and with what effect) and the nature and credibility of the information upon which the suspicion was based. The major assessment categories were in-scope, insufficient information, and out-of-scope. An "in-scope" assessment means that, in the judgment of the researchers, there was reasonable cause to believe that the child actually experienced a maltreatment situation meeting all of the study requirements. The study's definitional requirements are discussed further in Chapter 5.

The assessment procedure was complex; it was also reliable. In independent assessment of a random sample of 300 children, inter-rater agreement in the classification of the suspected form or forms of maltreatment was 99 percent, and was 97 percent for the bottom-line assessment of whether or not the child had experienced problems falling within the scope of the study definitions.

### b. Unduplication

A particular child may have been reported to CPS more than once during the study year and/or may have been described to the study by any number or combination of non-CPS sources. Identification of such duplicates was complicated somewhat by the fact that, in the interest of protecting confidentiality, the data forms did not request fully identifying information—last name, address, or the like. However, enough close-to-identifying information was collected (child's first name, last initial, birthdate, place of residence, etc.) to permit reliable determination of whether or not any two data forms were describing the same child.

Once duplicates were identified from various sorted listings of the computerized data file, one record was retained and all duplicate records describing the same

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child were, in effect, discarded. Whenever a child identified to the study by a non-CPS respondent also appeared in the CPS file, the CPS record was retained. In effect, non-CPS respondents were "given credit" only for children who had *not* been reported to CPS—by the respondent or by anyone else. Whenever a child was identified by more than one non-CPS source, the source to whom the child was "credited" was based on a "level of recognition" classification system. This is discussed further in Chapter 3.

**c. Estimation**

National estimates were produced by attaching various sampling "weights" to individual data forms. In counties where CPS reports were not sampled, only one weight was volved for CPS cases, the "county selection weight:" the inverse of the county's probability of selection. In counties where CPS cases were sampled, the CPS estimation weight was the product of the "county selection weight" and the "case selection weight:" the number of children reported to CPS as possible victims of abuse or neglect divided by the number for whom at least one long form was obtained. The estimation weight for non-CPS cases consisted of the product of three components: the "county selection weight;" the "agency selection weight," adjusted for non-participation by designated agencies; and an "annualization weight." This annualization weight converted non-CPS data, collected over only a four month period, to the same 12 month period used for CPS. For any particular type of non-CPS agency, the annualization weight was the total number of children that agency type reported to CPS during the entire study year divided by the number it reported to CPS during the four month period when non-CPS data were collected. Annualization weights ranged from 1.9 (for schools) to 3.0 (for police and probation departments).



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# 3. Reported and Total Incidence of Recognized Maltreatment

This chapter gives an overview of findings concerning levels and patterns of reporting to and substantiation by CPS agencies. It then presents estimates of the numbers of additional maltreated children identifiable from the non-CPS agencies included in the study. Finally, the two sets of findings (CPS and non-CPS) are combined to derive national estimates of the incidence of recognized child maltreatment.

## CPS Reporting and Substantiation

Table 3-1 presents national estimates of reports to CPS, by type of county. An estimated 718,200 family-level reports of suspected abuse or neglect were received by CPS agencies across the nation during the study year, May 1, 1979 to April 30, 1980. As noted earlier, the National Study on Child Neglect and Abuse Reporting compiled a total of 711,142 CPS reports in calendar 1979. The correspondence between the Incidence Study estimate and the Reporting Study "census" count reflects favorably upon both data bases; it suggests that the Incidence Study sample of counties is reasonably representative of the nation as a whole and also that the state-provided counts compiled by the Reporting Study are reasonably complete.[1]

Table 3-1 indicates that the 718,200 family-level reports to CPS listed an estimated total of 1,254,500 children as possible ("alleged") victims of abuse/neglect, or a mean of 1.75 alleged victims per report. The estimated number of different children involved in reports to CPS is 1,101,500. (This means that 13 percent of the alleged victims reported to CPS during the study year were reported more than once during the year.)

Expressed as an incidence rate, the 1,101,500 children reported to CPS represent 17.8 children per 1,000 per year. In other words, nearly two percent of all children in the nation are estimated to have been reported to CPS agencies as possible victims of child abuse and/or neglect during the study year. As may be seen, the estimated report rate is about half as high in suburban counties (10.9 per 1,000) as in either urban (19.5 per 1,000) or rural (20.9 per 1,000) counties.

The lower portion of Table 3-1 shows the estimated

[1] The two studies are also convergent in findings concerning recent time trends in reporting to CPS. Date compiled over the past three years by the Reporting Study indicate an apparent average increase of 24 percent per year in reports to CPS. At the conclusion of CPS data collection, CPS officials in the 26 Incidence Study sample counties were asked to compare the level of reporting to their agencies during the study year to that during the prior year. The mean estimate was that reporting in the sample counties was 27 percent higher in the study year than in the prior one.

**Table 3-1.** Reports of suspected child abuse and neglect received by Child Protective Service agencies from May 1, 1979 to April 30, 1980: National estimates by type of county.

| National Estimate | Type of County | | | Total |
|---|---|---|---|---|
| | Urban | Suburban | Rural | |
| (No. counties in sample) | (10) | (6) | (10) | (26) |
| No. children under 18 years of age[1] | 27,300,000 | 15,300,000 | 19,300,000 | 61,900,000 |
| **Reports to CPS** | | | | |
| No. family reports to CPS, including duplicates | 351,400 | 114,200 | 252,600 | 718,200 |
| No. alleged victims listed in reports, including duplicates | 615,000 | 178,400 | 461,100 | 1,254,500 |
| No. children reported as alleged victims, unduplicated | 532,200 | 166,100 | 403,100 | 1,101,500 |
| Reported incidence: no. alleged victims per 1,000 children | 19.5 | 10.9 | 20.9 | 17.8 |
| **Substantiated Reports[2]** | | | | |
| No. alleged victims substantiated by CPS, unduplicated | 213,000 | 69,600 | 188,000 | 470,600 |
| Substantiation rate | 40% | 42% | 47% | 42.7% |
| Substantiated incidence: no. substantiated victims per 1,000 children | 7.8 | 4.5 | 9.7 | 7.6 |

[1] Population estimates by type of county based on Census estimates of child populations of individual study counties, weighted by the inverse of the county's selection probability. Estimated total based on Census estimate of total child population.

[2] Substantiated means classified by CPS as "founded" or "indicated" following preliminary investigation.

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number and percent of alleged victims who were "substantiated" by CPS. Substantiated means that the investigating caseworker assessed the report as "founded" or "indicated" for the particular child following preliminary investigation.[2] The estimated substantiation rate is 42.7 percent overall and is somewhat lower in urban and suburban counties (40 percent and 42 percent, respectively) than in rural counties (47 percent).

Expressed as an incidence rate, this means that, overall, an estimated 7.6 children per 1,000 per year are substantiated by CPS agencies as victims of child abuse and/or neglect. Rural counties are estimated to have the highest incidence of substantiated abuse/neglect (9.7 children per 1,000) and suburban counties the lowest (4.5 children per 1,000).

Of course, levels of reporting to and substantiation by CPS vary from one county to another. This is illustrated in Figure 3, which shows reported and substantiated incidence rates for the 26 study counties, ordered from largest to smallest total population within urban/suburban/rural categories. As shown, the greatest variability occurred among the 10 relatively small rural counties. There was much less variability among the larger urban and suburban counties of the sample, particularly in terms of substantiated incidence (the lower portions of the bar graphs). Excluding the urban county with the very high rate, the nine remaining urban counties (located in eight different states) had substantiated incidence rates ranging between 4.3 and 8.3 children per 1,000. Excluding the suburban county with the extremely low rate, substantiated incidence rates among the other five suburban counties in the study (located in four different states) varied within an even narrower range, from 3.8 to 5.7 children per 1,000.

It appears from Figure 3 that, within urban/suburban/rural categories, counties with relatively high rates of reporting tend to substantiate lower proportions of their reports than counties with relatively low rates of reporting, with the result that substantiated incidence rates are about the same in counties with high report rates as in ones with lower report rates. This pattern is particularly clear among the suburban counties in the study sample.

In isolation, this finding might be interpreted as suggesting that there may be a "point of diminishing returns" in reporting level, such that reporting above a certain level tends to be relatively ineffective in uncovering additional "real" (i.e., substantiated) cases of child abuse and neglect.[3] An alternative hypothesis might be that agency resources and service capabilities establish

[2] This assessment reflects agency definitions and criteria, not those used in the study definitions of "in-scope" maltreatment.

[3] Findings similar to those in Figure 3 have been so interpreted previously. See, for example, Nagi, S.Z., *Child Maltreatment in the United States: A Challenge to Social Institutions*, Columbia University Press, N.Y., 1977.

**Figure 2.** Reported and substantiated incidence rates by sample county: Unduplicated numbers of alleged and substantiated victims reported to CPS per 1,000 children in county.

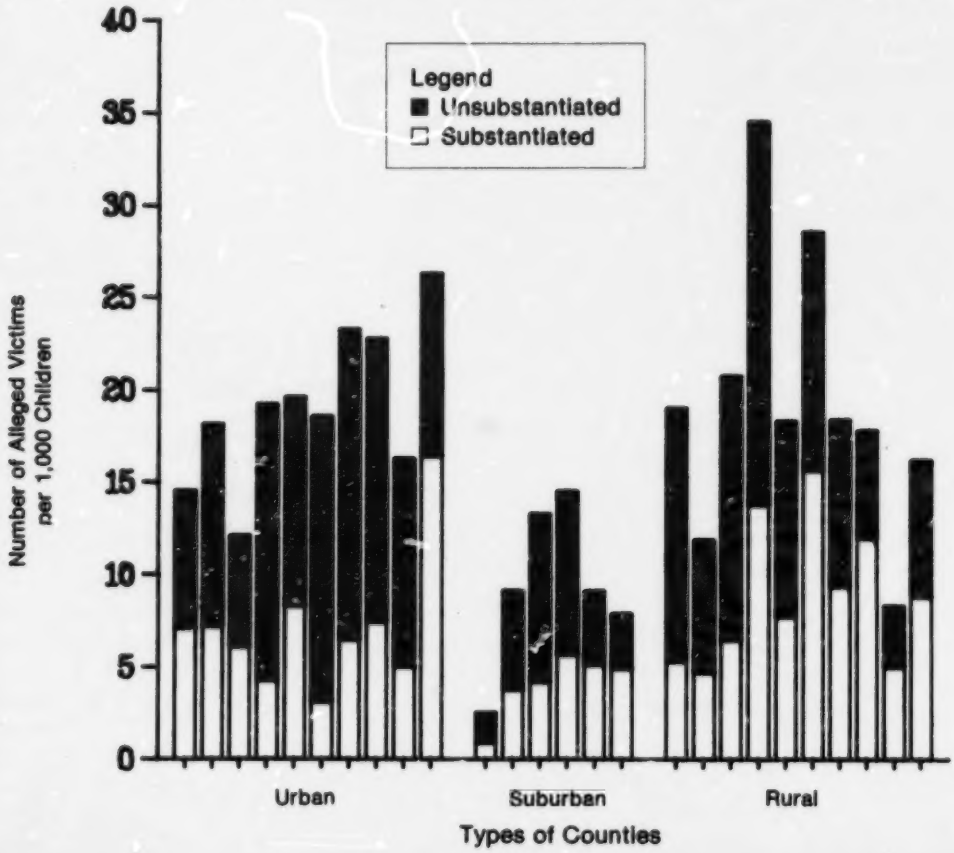


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**Table 3-2.** Number and percent of family reports to CPS and percent substantiated, by source of report: National estimates of reports to CPS agencies, May 1, 1979 to April 30, 1980.

| Source of reports to CPS | National estimate | | |
|---|---|---|---|
| | No. reports to CPS, including duplicates | Percent of all reports to CPS | For this source, percent of reports substantiated by CPS |
| DSS/Welfare Department | 43,000 | 6 | 45 |
| Law enforcement (police, sheriff, courts/corrections, coroners, etc.) | 86,200 | 12 | 56 |
| Medical (hospitals, clinics, physicians, public health departments, etc.) | 74,500 | 10 | 53 |
| Schools (public and private) | 100,300 | 14 | 57 |
| All other agencies (preschool, daycare, mental health, social services, etc.) | 57,800 | 8 | 49 |
| Other (non-agency) sources (child, parents, neighbors, anonymous, etc.) | 354,500 | 49 | 35 |
| Total | 718,200 | 100 | 44 |

the upper bound on the number of cases which can be handled by individual agencies and that substantiation numbers are more reflective of such constraints than of the actual extent of child abuse or neglect in the community. These hypotheses will be considered further in later sections of this report.

Table 3-2 presents additional information about CPS reporting and substantiation, showing the estimated number and percent of family reports to CPS and the percent substantiated by source of the report. Non-agency sources (e.g., neighbors, relatives, self-referrals) account for nearly half of all reports to CPS (49 percent), but upon investigation, only about one-third of reports from such sources are substantiated (35 percent). Schools, law enforcement agencies, and medical sources are the major professional/institutional sources of reports to CPS and are roughly comparable to one another, both in amount of reporting (these three sources account for 14, 12, and 10 percent of reports, respectively) and in proportion substantiated (57 percent, 56 percent, and 53 percent, repectively.)

Table 3-2 indicates that substantial proportions of reports from *all* sources are not substantiated. Overall, 65 percent of reports from non-agency sources are nonsubstantiated, as are nearly half of those from police, courts and other agency sources.[4] Table 3-3 examines the primary reasons for nonsubstantiation of reports from various sources. The data were obtained by classification of the investigating caseworker's narrative explanation.

"Allegation invalid" refers to cases where the investigating caseworker was satisfied that the reported child(ren) had not been abused or neglected. For example: a neighbor heard an infant crying repeatedly over a two or three day period and reported a concern about possible abuse or neglect; after investigation, the CPS caseworker was satisfied that the crying was due to illness, for which the infant was receiving appropriate care. "Insufficient evidence" means that, although the caseworker was not entirely satisfied that the allegation was invalid, there was not sufficient evidence of maltreatment to warrant intervention. Perhaps a child described a sexual abuse incident to his or her teacher, but later refused to acknowledge the problem to the CPS caseworker. "Unable to investigate" includes situations where the household could not be located from the information given in the report, the family "skipped town" before the caseworker got there, etc. Finally, "not serious enough" refers to situations where the allegation was found to be valid but where the problem was assessed as inappropriate for CPS or as not serious enough to justify intervention beyond the initial investigation.

Overall, invalid allegation was the most common reason for nonsubstantiation, this being the primary reason given for 53 percent of all nonsubstantiated reports. Unable to investigate was the most infrequent reason (11 percent). However, this 11 percent is not an inconsequential figure; it means that there are about 44,000 uninvestigated reports per year.

In comparing findings for different sources, the "not serious enough" column is particularly interesting. One might anticipate that this would be a much more common reason for nonsubstantiation of reports from non-agency sources than for reports from agencies: agency reports

[4] The substantiation findings in Table 3-2 are not new or unusual. The American Human "National Reporting Study" has found overall CPS substantiation rates of 40-50 percent for the past several years.

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come from professionals, whose training and experience would presumably make them better able than untrained individuals to assess whether a problem is serious enough to warrant intervention. Apparently, this is not how it works. "Not serious enough" was a minor reason for nonsubstantiation of reports from non-agency sources (accounting for only 16 percent of such reports), but was the single *most* common reason for nonsubstantiation of reports from law enforcement agencies (39 percent) and from schools (also 39 percent). Clearly, CPS agencies are turning away significant numbers of cases which other professionals in the community consider serious enough to require attention. This may indicate that CPS resources (staff, service programs, budget) have not kept pace with the dramatic increases in reporting which have occurred in recent years and that substantiation has become not so much a question of whether the child and family need help as of how badly or how urgently help is needed.

The substantiation findings may also reflect definitional ambiguities of the sort discussed in Chapter 1. They suggest a less than complete understanding on the part of schools, courts, police, and other major referral sources of how CPS agencies define child abuse and neglect (i.e., of the standards and criteria used by CPS in determining whether or not CPS intervention is appropriate, given available resources). Reporting of inappropriate cases is one side of this problem. To some extent, findings from the non-CPS component of the National Incidence Study are indicative of the other side of the problem: nonreporting of appropriate cases. Findings concerning unreported cases are summarized in the following sections of this chapter and are discussed further in Chapter 6.

## Non-CPS and Combined Findings

Results of the non-CPS data collection effort are summarized in Table 3-4. The first column of this table shows that cases submitted to the study by participating non-CPS agencies in the 26 sample counties over a four month period "weight up" to an annual national estimate of 928,900 suspected cases identifiable from agencies encompassed by the study design. After unduplication (i.e., after subtracting out all data forms for children who had been reported to CPS and all but one data form in situations where the same child was identified more than once by non-CPS sources), the estimated number of different children identifiable from non-CPS agencies, over and above those known to CPS, is 674,900.

Children identified to the study by more than one agency were "credited" to one agency or the other based on a somewhat arbitrary level of recognition classification.[5] CPS was considered the highest level; Table 3-4 lists non-CPS agencies in priority order, from highest to lowest "level." Thus, the unduplicated estimate of 50,200 suspected children credited to police and sheriff's departments is the estimated number of *additional* children identifiable from this source, over and above children identifiable from CPS or from juvenile probation departments. To cite a second example, data forms sent in by coroners and medical examiners "weight up" to an estimate that 300 cases would have been obtained if data

[5]The classification reflects the study's level of recognition model (Figure 1-1). However, the ordering of sources within a particular level (e.g., police vs. probation vs. public health) is essentially arbitrary from a substantive point of view; it is based on statistical rather than theoretical considerations.

**Table 3-3.** Primary reason report not substantiated by CPS, by source of report: National estimate of number and percent of family-level reports not substantiated by CPS agencies.

| Source of report to CPS | No. non-substantiated reports | Reason report not substantiated by CPS | | | | |
|---|---|---|---|---|---|---|
| | | Allegation invalid | Not serious enough | Insufficient evidence | Unable to investigate | All non-substantiated reports |
| **Source of Report** | | | | | | |
| DSS/Welfare Department | 23,600 | 48 | 20 | 14 | 18 | 100 |
| Law enforcement agencies | 38,600 | 38 | 39 | 13 | 10 | 100 |
| Medical sources | 34,800 | 52 | 29 | 9 | 11 | 100 |
| Schools | 43,400 | 34 | 39 | 16 | 11 | 100 |
| All other agencies | 29,500 | 49 | 28 | 13 | 10 | 100 |
| Other (non agency) sources | 228,800 | 60 | 16 | 13 | 11 | 100 |
| Total | 398,700 | 53 | 23 | 13 | 11 | 100 |

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had been collected over a 12-month period from all coroners and medical examiners in the nation. However, all cases sent in by coroners and medical examiners contributed no *additional* cases over and above those credited to higher "level" sources, and the unduplicated estimate for coroners is zero.

As indicated in Table 3-1, an estimated 1,101,500 different children were reported to CPS agencies as suspected victims of child abuse or neglect during the study year. Of these, an estimated 470,500 children (43 percent) were substantiated by CPS. An additional 6,200 children who had been reported to CPS were not substantiated by CPS but were identified—by the CPS caseworker or by a non-CPS respondent—as possibly meeting the study requirements. The results of the study assessment of these 476,700 reported children and also of the estimated 674,900 additional suspected children identifiable from non-CPS agencies are summarized in Table 3-5.

As may be seen, 44.5 percent of the children substantiated by CPS were accepted as meeting all study requirements (i.e., as "in-scope"), and almost all of the rest were assessed as not meeting the study's harm requirements. Only 2.6 percent of substantiated CPS cases were screened out for other reasons.

The finding that many substantiated CPS cases (53 percent) do not meet the study's harm requirements reflects the narrowness of the study definitions and is not surprising. In most categories of physical neglect, for example, the study definitions require evidence of serious injury or impairment, such as diagnosed malnutrition. One would certainly hope that CPS agencies would not wait until a problem had gone that far before intervening.

It may be seen from Table 3-5 that the study assessment of non-CPS cases was almost identical to that for CPS cases, except that 20.5 percent fewer cases were screened out because of no indication of required injury or impairment (20.5 percent for non-CPS vs. 40.5 percent for CPS), and a correspondingly larger percentage was accepted as in-scope (65.1 percent vs. 44.5 percent). No doubt this reflects the fact that non-CPS respondents were given the study's harm and other requirements ahead of time and were asked to send in only cases they believed to meet these requirements.

**Table 3-4.** National estimates of annual number of suspected maltreatment victims identifiable from non-CPS agencies, by type of agency.

| Type of non-CPS agency | Suspected victims identifiable to study | |
|---|---|---|
| | Total number, including duplicates[1] | Unduplicated number[2] |
| INVESTIGATORY AGENCIES | | |
| Juvenile Probation Department | 76,800 | 55,100 |
| Police/Sheriff's Department | 83,900 | 50,200 |
| Coroners/Medical examiners | 300 | 0 |
| Public Health Department[3] | 19,900 | 11,900 |
| Total | 180,900 | 117,200 |
| OTHER STUDY AGENCIES | | |
| Hospitals | 48,000 | 25,900 |
| Public schools, elementary | 375,800 | 282,400 |
| Public schools, secondary | 258,300 | 200,700 |
| Mental health agencies[3] | 37,100 | 26,900 |
| Other social service agencies[3] | 28,800 | 21,800 |
| Total | 748,000 | 557,700 |
| Total, all non-CPS agencies encompassed by study | 928,900 | 674,900 |

[1] Total number of child-level data forms received from participating agencies over four month study period in sampled counties, weighted: (a) to adjust for sampling and/or nonparticipation of agencies in study counties, (b) to convert from 4-month to 12-month period, and (c) to represent all U.S. counties.

[2] For each row, children also known to CPS or to agencies in previous rows are subtracted from the total number of suspected victims identified to the study by agencies in the row. Thus, each entry represents *additional* children over and above those known to CPS or to previously listed agencies.

[3] Because of non-random selection procedure used with these agencies, estimates for public health, mental health, and other social service agencies are based only on participating agencies, with no adjustment for agency sampling or nonparticipation.

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**Table 3–5.** Results of study assessment of children substantiated by CPS and of additional suspected children identifiable from other study agencies: Percentage distribution.

| Study assessment | Children substantiated by CPS | Additional children suspected by other study sources | Total |
|---|---|---|---|
| No. substantiated/suspected maltreatment victims, unduplicated (National estimate) | 476,700[1] | 674,900 | 1,151,600 |
| In-scope (meets study requirements) | 44.5 | 65.1 | 56.6 |
| Insufficient information or out-of-scope, total | (55.5) | (34.9) | (43.4) |
| Perpetrator/acts/events out-of-scope | 1.1 | 1.2 | 1.1 |
| No indication of requir d injury/impairment | 40.5 | 20.0 | 28.5 |
| Insufficient indication of injury/impairment | 12.4 | 11.6 | 11.9 |
| Insufficient indication of required caretaker responsibility for child's injury/impairment | 0.8 | 1.0 | 0.9 |
| Other reason (child's age, time of occurrence, etc.) | 0.7 | 1.1 | 0.9 |
| Total | 100.0 | 100.0 | 100.0 |

[1] Data base includes 470,500 children substantiated by CPS plus an additional 6,200 children who were not substantiated according to agency criteria but were identified as meeting the study requirements. Since the latter represent only one percent of the total, the CPS data base consists almost entirely of substantiated children.

In Table 3–6, findings from the CPS and non-CPS components of the study are combined to produce national incidence estimates. As noted earlier, an estimated 470,500 different children were reported to and substantiated by CPS agencies during the study year. Of these, an estimated 212,400 children (3.4 children per 1,000 per year) meet all study definitional requirements. This is the so-called tip of the iceberg.

The study estimate is that an additional 71,400 children meeting all study requirements are identifiable from other investigatory agencies. Adding those children to the ones known to CPS increases the estimate to 4.6 in-scope children per 1,000 per year who are known to some public agency with investigatory responsibilities—CPS, the local police or sheriff, the juvenile probation department, or the public health department.

An estimated additional 368,100 children meeting all study requirements are identifiable from other study agencies—public schools, hospitals, and major mental health and social service agencies. Adding these to the previous total increases the estimate to 652,000 children, or 10.5 children per 1,000 per year. Since this is as far into "the iceberg" as the study went, this is the bottom-line study estimate of the national incidence of recognized child maltreatment. The components of this estimate are shown pictorially in Figure 3–2.

**Table 3–6.** Computation of national incidence estimates, by level of recognition.

| Level of recognition | National Estimate[1] | | |
|---|---|---|---|
| | No. in-scope children | Cumulative No. in-scope children | Cumulative incidence rate (per 1,000) |
| A. Children reported to CPS | 212,400 | 212,400 | 3.4 |
| B. Additional suspected children identifiable from "other investigatory agencies": juvenile probation, police/sheriff, and public health departments | 71,400 | 283,800 | 4.6 |
| C. Additional suspected children identifiable from "other study agencies": public schools, hospitals, and participating mental health and social service agencies | 368,100 | 652,000[2] | 10.5 |

[1] All estimates based on 12 month period May 1, 1979 to April 30, 1980.

[2] The precise total is 651,900. For convenience, throughout this report, the number has been rounded off to 652,000.



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The total shown in Figure 3–2 (652,000 children) provides the basis for the analyses in Chapters 4 through 6. It is an estimate of the total number of "maltreated" children in the nation who met the study's definitional requirements during the study year *and* who: (a) were reported to CPS agencies as suspected victims of child abuse or neglect, or (b) were not reported to CPS agencies but were identifiable from other agencies represented in the study design through the kind of voluntary, confidential data collection procedures used in the study.

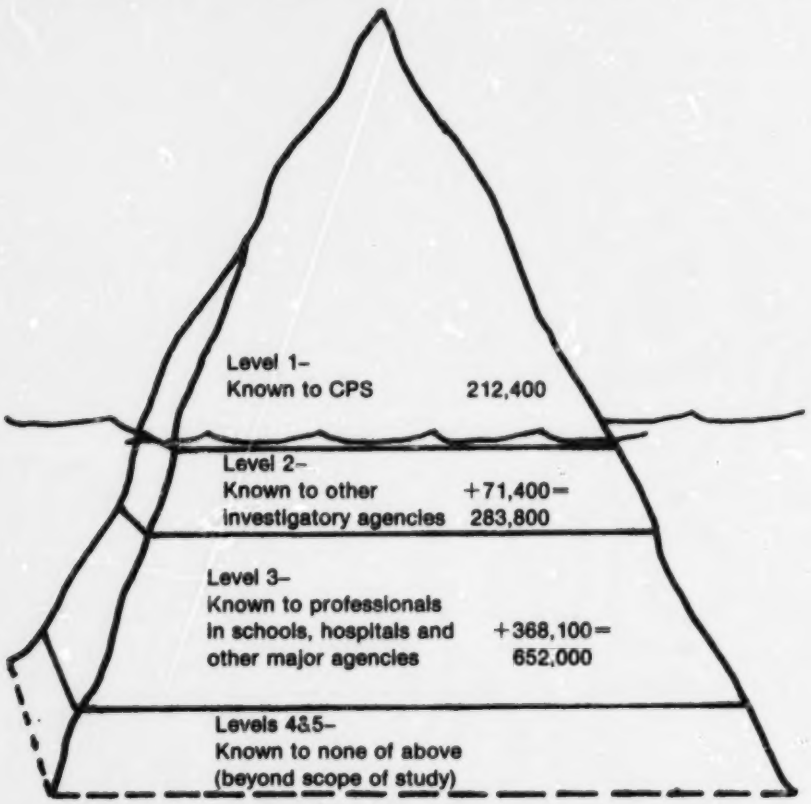
As hoped, the estimate provides a considerably more comprehensive basis for analysis than one based solely on reported cases: children reported to CPS represent slightly less than one-third of the total (212,400 of the 652,000). It should be stressed, however, that the estimate was not intended, and is not, an estimate of the full extent of the problems of child abuse and neglect in the United States. The estimate is incomplete in four major respects:

1) The estimate is based upon narrow definitions, which encompass less than half of the high risk situations already being substantiated by Child Protective Services agencies.
2) The non-CPS component of the estimate is derived from a limited-range of information sources. If a wider range of information sources had been included in the study, the incidence estimate undoubtedly would have been higher.[6]
3) As noted in Chapter 2, large and central city agencies were underrepresented in the non-CPS data collection, and the extent of participation at some "participating" agencies was questionable. These problems introduce biases in the direction of underestimating the number of recognized-but-not-reported children known to agencies encompassed by the design.
4) The study estimate excludes nearly all nonsubstantiated CPS cases, some of which may actually have met the study criteria (especially those which were nonsubstantiated because of insufficient evidence or inability to investigate). Similarly, cases which were screened out by the researchers for reasons of incomplete or questionable information undoubtedly included some children who had experienced problems meeting the study criteria.

For all of these reasons, the study's overall incidence estimate is obviously incomplete. This is discussed further in Chapter 7.

[6] It will be shown in Chapter 6 that agencies included in the non-CPS data collection are estimated to have reported to CPS only 21 percent (at most) of the recognized in-scope children they encountered. If that is the reporting rate for all sources, including those not represented in the non-CPS data collection (private schools, day care centers, medical clinics, private individuals, etc.), the incidence estimate would be 16.3 children per 1,000 per year, or about 1,000,000 recognized in-scope children per year.

**Figure 3.** Composition of the Iceberg: Estimated number of in-scope children per year at recognition Levels 1–3.

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# 4. Subpopulation Incidence Estimates

Table 4–1 presents a breakdown of the estimated 652,000 in-scope children by major form of abuse or neglect and by severity of maltreatment-related injury or impairment. Findings are presented both in terms of estimated numbers of children and in terms of incidence rates per 1,000 children. Incidence rates were obtained simply by dividing the estimated number of maltreated children in a particular category by 61,900 (the Census-based estimate of the total number of children in the United States in 1979, in thousands). All estimates in Table 4–1 are "unduplicated" in that a particular child is not counted more than once in any given category or total. However, children who experienced two or more different forms of in-scope maltreatment are included in each applicable category. (As a result, subtotals are generally lower than the sum of their component parts.)

As shown, physical assault was the most frequent form of abuse identified in the study. Among the major categories of neglect, educational neglect was the most frequent. Overall, abuse-related problems were slightly more common than ones in the neglect areas: of the 652,000 in-scope children, 351,000 (54 percent) had experienced one or more in-scope forms of abuse, and 329,000 (50 percent) had experienced one or more in-scope forms of neglect. (The fact that these percentages sum to only slightly more than 100 indicates that few children experienced both in-scope abuse and in-scope neglect problems.) These relationships reflect the study's definitional requirements, particularly the emphasis upon demonstrable injury. No doubt, if different definitions had been used, the relative frequencies of the various forms of maltreatment would have been different.[1] The study's definitional requirements are discussed further in Chapter 5.

Severity was assessed based on the respondent's narrative description of the child's maltreatment-related injuries or other problems. In the event of multiple injuries and/or multiple forms of maltreatment, the most serious problems was the one used in this classification. "Fatal" is self-explanatory. "Serious" means serious enough to require professional care aimed at relieving acute present

[1] It is noteworthy, for example, that the legal-clinical definitions in use by CPS agencies result in a greater emphasis upon neglect than occurred in this study. The CPS findings from the national Reporting Study show a two-to-one neglect/abuse ratio among substantiated children, in contrast to this study's one-to-one ratio (see *National Analysis of official Child Neglect and Abuse Reporting, 1978*, op. cit., p. 18).

**Table 4–1.** National incidence estimates by major form of maltreatment and by severity of maltreatment-related injury or impairment: Estimated number of recognized in-scope children per 1,000 per year.

| Form of maltreatment and severity of injury/impairment | No. in-scope children | Incidence rate[2] (per 1,000) |
|---|---|---|
| **Form of maltreatment[1]** | | |
| Total, all maltreated children | 652,000 | 10.5 |
| Total, all abused children | 351,100 | 5.7 |
| Physical assault | 207,600 | 3.4 |
| Sexual exploitation | 44,700 | 0.7 |
| Emotional abuse | 138,400 | 2.2 |
| Total, all neglected children | 329,000 | 5.3 |
| Physical neglect | 108,000 | 1.7 |
| Educational neglect | 181,500 | 2.9 |
| Emotional neglect | 59,400 | 1.0 |
| **Severity of child's injury/impairment** | | |
| Fatal | 1,000 | 0.02 |
| Serious | 137,400 | 2.2 |
| Moderate | 411,600 | 6.6 |
| Probable | 102,000 | 1.6 |

[1] Totals may be lower than sum of categories, since a child may have experienced more than one in-scope category of maltreatment.

[2] Numerator = estimated number of recognized in-scope children; denominator = 61,900, the estimated total number (in thousands) of children under 18 in the United States in December, 1979.



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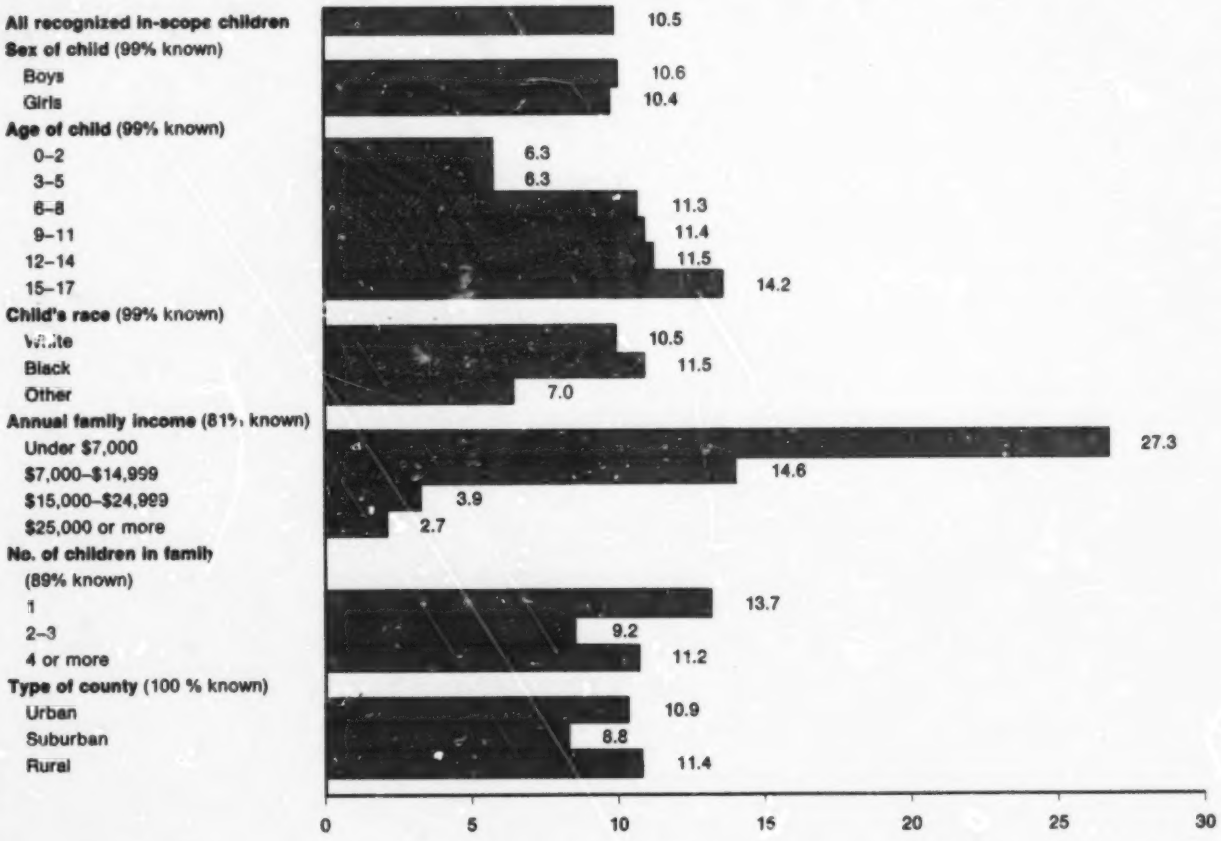
**Figure 4.** National estimates of the incidence of recognized maltreatment by selected child and household characteristics.




suffering or at preventing significant long term impairment. Generally, this encompasses injuries and other health conditions for which the child received, or should have received, professional medical care (e.g., fractures, severe burns). The category also includes severe emotional, behavioral, or even educational impairments if the problem was significantly debilitating and if a competent professional had recommended psychiatric or other remedial treatment. "Moderate" means injuries or impairments serious enough to remain evident in observable form for at least 48 hours. "Probable" was used in situations where, although the respondent or caseworker had observed no specific symptoms of injury or impairment, it was considered highly likely (by the respondent and by the study staff) that the child's physical, mental, or emotional health or capabilities had been significantly impaired as a result of the extreme or traumatic nature of the maltreatment events. Some forms of maltreatment (e.g., abandonment, some forms of sexual exploitation) automatically qualified for this category even if there were no observed injuries (see Chapter 5 for discussion of definitional requirements).

Coding was conservative in that, if there was any question about which category applied, the less severe choice was used. All probable injury classifications were reviewed by the project director and were retained only if he agreed that in-scope injury was highly likely to have occurred in view of the circumstantial evidence. As may be determined from Table 4-1, 21 percent of in-scope children (an estimated 137,900 children) had experienced serious injuries or worse, and 84 percent had evidenced symptoms of at least moderate severity; the remaining 16 percent were judged to qualify as probable injury cases.

The study estimate is that child abuse or neglect was recognized as the primary cause of death of approximately 1,000 children during the study year. This number



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**Table 4–2.** National incidence estimates by selected child characteristics: Estimated number of recognized in-scope children per 1,000 per year.

| Characteristic | National Estimate | | |
|---|---|---|---|
| | No. children in U.S. | No. in-scope children[1] | Incidence rate (per 1,000) |
| Total | 61,900,000 | 652,000 | 10.5 |
| **Sex of child** (% known = 99) | | | |
| Male | 31,600,000 | 336,100 | 10.6 |
| Female | 30,300,000 | 314,200 | 10.4 |
| **Age of child** (% known = 99) | | | |
| 0–2 | 8,270,000 | 51,900 | 6.3 |
| 3–5 | 9,500,000 | 59,500 | 6.3 |
| 6–8 | 9,770,000 | 110,800 | 11.3 |
| 9–11 | 10,630,000 | 120,900 | 11.4 |
| 12–14 | 11,800,000 | 136,000 | 11.5 |
| 15–17 | 11,930,000 | 169,600 | 14.2 |
| **Child's ethnic group**[2] (% known = 99) | | | |
| White | 51,400,000 | 537,600 | 10.5 |
| Black | 9,200,000 | 106,300 | 11.6 |
| Other | 1,200,000 | 8,400 | 7.0 |

[1] Whenever more than 1.0 percent of study cases have missing data, estimates are adjusted to 100 percent assuming missing data cases have same percentage distribution as "known" cases.

[2] For comparison with Census data, study classification of "White" combines data form categories "White, not of Hispanic origin" and "Hispanic."

is lower than most prior estimates and may indicate that deaths caused by child abuse or neglect are not as common as has been thought. However, this finding should be interpreted cautiously. For such a rare event phenomonon, the reliability of a national estimate based on a sample of only 26 counties is suspect.

Incidence estimates for major population subgroups are shown in Figure 4 and are described in greater detail in Table 4–2. Denominators for these incidence rates (i.e., the estimated number of children in the U.S. belonging to the population subgroup) were derived from Census Bureau estimates for 1977–1978, projected to 1979.

The estimated overall incidence of in-scope maltreatment is essentially the same for boys as for girls. By age group, measured incidence rates increase with age and are roughly twice as great for children over five as for children five or under. The relatively low rates of measured incidence among young children could be due, in part, to the fact that some of the study's non-CPS agencies (particularly schools) deal primarily with older children.

In terms of ethnic group, incidence estimates are essentially the same for Black and White children.[2] The estimate is somewhat lower for other groups, but the numbers involved are very small and are therefore of questionable reliability.

Incidence estimates by family income level, shown in Table 4–3, should also be interpreted somewhat cautiously. The numerators (estimated number of in-scope children in each income category) were derived from the respondent's estimate of the family's annual income, not from any "hard" income information. There was a substantial amount of missing data on this item (19 percent). Also, the denominators were derived from 1977 Census estimates, which may be inaccurate when projected to the 1979-1980 study period. It seems unlikely, however, that

[2] In the classification used, "White" combines data form categories "White not of Hispanic Origin" and "Hispanic." "Black" is derived from data form category "Black, not of Hispanic Origin." "Other" includes "American Indian or Alaskan Native," "Asian or Pacific Islander," and "Other." The reason for combining Hispanic and White, not of Hispanic origin is that available Census Bureau statistics do not make this distinction. The assumption is that most children identified to the study as Hispanic would have been classified as "White," according to Census Bureau race definitions.



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these data problems are capable of "explaining away" the *very* strong measured relationship between family income and recognized maltreatment: the estimated overall incidence for children in families of under $7,000 income (27.3 children per 1,000) is ten times higher than the estimated incidence for children in families with annual incomes of $25,000 or more. This relationship will be examined further in Chapters 5 and 6.

Incidence estimates are somewhat higher for one-child families and for families containing four or more children than for families with two to three children.

Finally, the incidence estimate for suburban counties (8.8 children per 1,000) is somewhat lower than for urban (10.9 children per 1,000) or rural (11.4 children per 1,000) counties. The difference is not nearly as large, however, as that noted earlier in describing urban/suburban/rural levels of reporting to CPS agencies (Table 3-1).

**Table 4-3.** National incidence estimates by selected household geographic characteristics: Estimated number of recognized in-scope children per 1,000 per year.

| Characteristic | National Estimate | | |
|---|---|---|---|
| | No. children in U.S. | Study estimate of no. maltreated children[1] | Incidence rate (per 1,000) |
| Total | 61,900,000 | 652,000 | 10.5 |
| **Estimated annual family income[2]** (% known = 81) | | | |
| Under $7,000 | 10,200,000 | 278,200 | 27.3 |
| $ 7,000–$14,999 | 17,500,000 | 255,700 | 14.6 |
| $15,000–$24,999 | 20,900,000 | 81,500 | 3.9 |
| $25,000 or more | 13,300,000 | 35,800 | 2.7 |
| **No. children in family** (% known = 89) | | | |
| 1 | 11,600,000 | 158,400 | 13.7 |
| 2–3 | 36,800,000 | 340,000 | 9.2 |
| 4 or more | 13,500,000 | 153,500 | 11.4 |
| **Type of County[3]** (% known = 100) | | | |
| Urban | 27,300,000 | 297,600 | 10.9 |
| Suburban | 15,300,000 | 134,800 | 8.8 |
| Rural | 19,300,000 | 219,600 | 11.4 |

[1] Whenever more than 1.0 percent of study cases have missing data, estimates are adjusted to 100 percent assuming missing data cases have same percentage distribution as "known" cases.

[2] Census estimate based on 1977 data, the most recent available information about number of children by annual family income category. Study estimate is based on respondent's estimate of family's annual income, and is of unknown validity.

[3] Estimates for all U.S. children are based on estimated child populations for individual study counties, weighted by the inverse of the county's selection probability.

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# 5. Characteristics of Maltreated Children and Their Families

This chapter describes the particular kinds of maltreatment situations encompassed by the study and summarizes relationships between major forms of in-scope maltreatment and various child, family and perpetrator characteristics.

**a. Form and Severity of Maltreatment**

Table 5-1 shows the estimated number of in-scope children and the severity of injury distribution for the major forms and subcategories of maltreatment. Children who experienced more than one form of maltreatment are included in each applicable subcategory. However, all subtotals are unduplicated in that individual children are counted only once in any particular subtotal or total.

The general definitional requirement in the abuse areas was that the child must have experienced nonaccidental physical, mental or emotional injury or impairment of moderate or greater severity as a foreseeable result of purposive acts committed by a parent, parent substitute (e.g., foster parent), or other adult "caretaker" (e.g., a grandparent living in the home, a mother's live-in boyfriend) *or* as a result of similar acts by other persons if knowingly permitted by a parent or parent substitute (e.g., the father was present but did not attempt to stop the sibling abuse).

Physical assault is largely self-explanatory. The only distinction was whether or not the assault was known to have entailed use of an implement (e.g., lamp cord, stick, cigarette, flat iron) or foreign substance (e.g., nonaccidental drowning, poisoning, scalding). As shown in Table 5-1, assaults not involving known use of any implement or foreign substance (e.g., hitting with hand or fist, kicking, biting, throwing or unknown means of assault) were the most common. Although there were some injuries at all severity levels (including death), moderate injuries were by far the most common in both subcategories. In both, about 15 percent of in-scope children were judged to be in-scope on the basis of probable harm—that is, there was no direct evidence of injury but, from the nature of the acts and events, it was judged highly likely that observable injury had occurred.

In the area of sexual exploitation, subcategories reflect different kinds of acts. Evidence[1] of actual penile penetration—whether oral, anal or genital, homosexual or heterosexual—was required in the intrusion subcategory. Except for promoting or permitting of prostitution, allegations that a parent had knowingly permitted a child to engage in voluntary sexual activity with someone other than an adult caretaker were not accepted. Molestation with genital contact involved acts where some form of actual genital contact had occurred but where there was no specific indication of intrusion. "Other and unspecified" was just that, unspecified "molestation" or "sexual abuse" or sexually exploitative acts not known to have involved actual genital contact (e.g., fondling of breasts or buttocks, exposure). Threatened or attempted sexual assault not involving actual physical contact were not included (see emotional abuse).

No evidence of injury was required in the first two subcategories; circumstantial or direct evidence of moderate or greater injury was required in the third. In effect, it was accepted as a matter of definition that sexual exploitation involving intrusion or molestation with genital contact is inherently traumatic and injurious. For other kinds of acts, the burden of proof was on the respondent to show that the child had in fact been significantly traumatized or injured.

Table 5-1 shows that intrusion was the most common form of sexual exploitation; "other and unspecified" acts represent the smallest component of the total. The severity distributions are somewhat surprising. Thus, although no evidence of actual injury was required in the first two categories (i.e., in-scope acts were sufficient to justify a probable injury classification), demonstrable injury was not at all uncommon; proportionately, there were more serious injuries associated with sexual exploitation than with physical assault.

Emotional abuse includes three diverse subcategories:

- Verbal or emotional assault: habitual patterns of scapegoating, belittling, denigrating or other overtly hostile, rejecting treatment, including threats of physical or sexual assault;
- Close confinement: tortuous restrictions of movement, as by tying a child's arms or legs together, binding a child to a chair or bed, or confining a child to a closet or similar enclosure for prolonged periods; and
- Other/unspecified abusive treatment, which could include attempted physical or sexual assault (e.g., throwing something at a child, but missing), "overworking" or economic exploitation, withholding of food, sleep, or shelter as a form of punishment, or similar purposive acts not encompassed elsewhere.

In this category, acts of an unusual and extreme nature were required, as were: (a) direct or strong circumstantial evidence of injury of moderate or greater severity and (b) compelling indications that the caretaker's acts had in

[1] Evidence means credible information (e.g., the perpetrator acknowledged his/her actions). The term is not used here in any technical sense, legally or medically.



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**Table 5-1.** Estimated number of recognized in-scope children and severity percentage distribution by major form and subcategory of maltreatment.

| Form and subcategory of maltreatment[1] | No. in-scope children | Severity of child's injury/impairment[2] | | | | |
|---|---|---|---|---|---|---|
| | | Fatal[3] | Serious | Moderate | Probable | Total |
| **All forms, total** | 652,000 | 0.16 | 20 | 63 | 16 | 100 |
| **Abuse, total** | 351,100 | 0.20 | 12 | 69 | 19 | 100 |
| **Physical assault** | 207,600 | 0.34 | 9 | 78 | 12 | 100 |
| Assault with implement/ foreign substance | 79,400 | 0.30 | 8 | 76 | 16 | 100 |
| Other and unspecified | 131,500 | 0.33 | 6 | 78 | 15 | 100 |
| **Sexual exploitation** | 44,700 | 0.02 | 15 | 30 | 54 | 100 |
| Intrusion | 21,400 | 0 | 16 | 17 | 67 | 100 |
| Molestation with genital contact | 16,000 | 0 | 6 | 16 | 78 | 100 |
| Other and unspecified | 8,400 | 0 | 7 | 43 | 50 | 100 |
| **Emotional abuse** | 138,400 | 0 | 16 | 66 | 17 | 100 |
| Verbal/emotional assault | 120,200 | 0 | 15 | 63 | 22 | 100 |
| Close confinement | 3,300 | 0 | 4 | 23 | 73 | 100 |
| Other (e.g., threatened or attempted physical or sexual assault) | 19,100 | 0 | 2 | 90 | 8 | 100 |
| **Neglect, total** | 329,000 | 0.08 | 32 | 55 | 13 | 100 |
| **Physical neglect** | 108,000 | 0.25 | 46 | 35 | 19 | 100 |
| Abandonment | 6,700 | 0 | 1 | 7 | 91 | 100 |
| Other refusal of custody | 18,900 | 0 | 4 | 31 | 65 | 100 |
| Refusal to allow/provide care for diagnosed health condition | 40,600 | 0 | 25 | 75 | 0 | 100 |
| Failure to seek medical care for serious health condition | 16,300 | 1.06 | 86 | 0 | 12 | 100 |
| Inadequate physical supervision | 6,800 | 1.22 | 86 | 0 | 13 | 100 |
| Disregard of avoidable hazards in home | 2,800 | 0.43 | 99 | 0 | 0 | 100 |
| Inadequate nutrition, clothing, hygiene | 17,800 | 0 | 85 | 0 | 15 | 100 |
| Other | 3,400 | 0 | 85 | 0 | 16 | 100 |
| **Educational neglect** | 181,500 | 0 | 14 | 77 | 9 | 100 |
| "Permitted" chronic truancy | 120,300 | 0 | 8 | 88 | 4 | 100 |
| Other (e.g., kept child home, refused to enroll) | 61,400 | 0 | 10 | 72 | 18 | 100 |
| **Emotional neglect** | 59,400 | 0 | 74 | 12 | 10 | 100 |
| Inadequate nurturance (e.g., failure-to-thrive) | 26,000 | 0 | 85 | 0 | 12 | 100 |
| "Permitted" chronic mal-adaptive behavior | 14,000 | 0 | 93 | 0 | 5 | 100 |
| Other | 20,000 | 0 | 47 | 30 | 17 | 100 |

[1] More than one subcategory may apply to an individual child.

[2] The severity measure for maltreatment subcategories is the severity of the injury/impairment resulting from acts/omissions in the particular subcategory. Severity measure for major categories is the most serious injury/impairment resulting from all in-scope maltreatment events during the study period.

[3] Percentages expressed to two decimals.

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fact caused or materially contributed to the child's injury or impairment.

Verbal/emotional assault was by far the most common form of maltreatment in the emotional abuse category and, for most in-scope cases (78 percent), there was direct evidence of injury or impairment. Only 22 percent of the children in this subcategory were judged to be in-scope on the basis of circumstantial indications of injury. For close confinement, it was the other way around: most in-scope cases (73 percent) involved an assessment that the caretaker acts were inherently traumatic and emotionally injurious (e.g., locking a two-year old in a clothes dryer as a form of punishment).

The general definitional requirement in the neglect area was that, as a result of extreme parent/caretaker inattention to the child's basic needs for care, protection or control, the child experienced foreseeable injury or impairment of serious or greater severity. Key tests in assessing individual cases were: (a) had the caretaker been specifically informed of the child's need or problem by a competent professional or, under the circumstances of the situation, would the child's need have been apparent to most reasonably caring and attentive adults, and (b) was the parent/caretaker physically and financially able to obtain or provide the needed care, protection, or supervision? Cases were not accepted as in-scope unless both the respondent and the study staff felt there was reasonable cause to believe the answers to both questions were yes.

Physical neglect encompassed a variety of situations:

- Abandonment: deserting an infant or child, without making any provision for the child's care or shelter, and not returning to reclaim custody within two days (desertion by only one of the child's parents was not included, and there was no harm requirement—abandonment was assumed inherently injurious);
- Other refusal of custody: (a) expelling a child from home without arranging for care by others, (b) refusing to accept custody of a returned runaway, without having initiated any action to relinquish custody or (c) repeatedly shunting a child from one household to another due to guardian unwillingness to maintain custody (there was no harm requirement for (a) or (b); evidence of moderate or greater physical, mental or emotional injury was required for (c));
- Refusal to allow or provide recommended care for a professionally diagnosed injury, illness or other health condition, resulting in foreseeable exacerbation or significant prolongation of the condition;
- Failure to seek competent medical attention for a serious injury, illness or other health condition, resulting in foreseeable exacerbation or significant prolongation of the condition;
- Inadequate physical supervision, such as leaving a young child physically unsupervised for long periods (does not include inadequate supervision or control of child's behavior; evidence of serious injury foreseeably resulting from extreme inattention was required);
- Disregard of avoidable hazards in the home, foreseeably resulting in serious injury;
- Inadequate nutrition, clothing or hygiene, foreseeably resulting in serious injury impairment or health condition; and
- Other or unspecified physical neglect foreseeably resulting in serious injury, illness or health condition.

As may be seen from Table 5-1, cases accepted as in-scope in the area of physical neglect had serious injuries, and worse, proportionally more often than did physical abuse cases (46 percent vs. 9 percent). This, of course, reflects the rigorous severity requirements in most subcategories of physical neglect.

In the area of educational neglect, the most often identified problem was "permitted chronic truancy." Key requirements in this subcategory were that the child's truancy must have been habitual, at a level of at least five days a month on an average, and evidence was required that the parent/guardian had been informed of the problem and had not *attempted* to alter the child's behavior. If there was any indication that the parent/guardian had made a real effort to change the child's behavior but had been unsuccessful, the case was not in-scope. Truancy at the required frequency was considered to qualify as evidence of mental impairment of at least moderate severity, on the assumption that the child's educational development was surely being impaired if he or she was regularly missing upwards of 25 percent of school days. The eight percent of cases classified as serious were ones where a diagnosed need for remedial educational services had already been made.

"Other" educational neglect included:

- A parent/guardian was regularly keeping a child of mandatory school age at home (e.g., to work for pay, to care for siblings) with a frequency of at least three days a month on the average;
- A parent/guardian had neglected to enroll a child of mandatory school age in school, causing the child to miss at least one month of classes; or
- A parent/guardian refused to allow recommended (and available) remedial educational services, for reasons other than concern for the child's well-being (for example, if the parent's concern was that the services would do more harm than good, the case was not considered in-scope; if inconvenience or possible embarrassment to the parent was the reason, the case was accepted as in-scope).



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As shown in Table 5-1, these "other" problems were by no means uncommon; they constitute about one-third of all in-scope educational neglect problems.

Emotional neglect included three subcategories:

- Inadequate nurturance (extreme parent/guardian inattention to a child's needs for affection, attention, or emotional support) causing or materially contributing to the occurrence or unreasonable prolongation of a serious physical, mental or emotional problem, including but not limited to nonorganic failure-to-thrive;
- Encouragement or permitting of seriously maladaptive behavior (such as severe assaultiveness, chronic delinquency or debilitating drug/alcohol abuse) under circumstances where the parent/guardian had cause to be aware of the existence and seriousness of the problem (e.g., the child had been picked up by the police on previous occasions) and had not *attempted* to correct it; and
- "Other," which included refusal to permit recommended treatment for a child's diagnosed emotional condition, failure to seek professional assistance for a severely debilitating emotional condition, and extreme overprotectiveness (if implicated in the causation of prolongation of a severely dibilitating emotional condition).

As shown in Table 5-1, inadequate nurturance was the most common form of emotional neglect. No fatalities were attributed to emotional neglect, but of the six major categories of maltreatment, this one had the highest proportion (74 percent) of demonstrably serious injuries/impairments, such as attempted suicides, severe failure-to-thrive, and drug overdoses.

Table 5-1 shows the severity distribution for each form of maltreatment. In Table 5-2, the relationship is presented in the other direction, showing the form of maltreatment distribution for each severity category. Fatalities were very uncommon in all major categories, never exceeding 0.34 percent of in-scope children (from Table 5-1). Table 5-2 shows that the fatalities which did occur were clustered in two categories, physical assault (72 percent of fatalities) and physical neglect (28 percent). Serious injuries/impairments were most often associated with physical and emotional neglect.

In terms of the age of the child, Table 5-2 shows that extreme injuries tended to occur at the extremes of the age range. Nearly three-quarters of the fatalities occurred to children under six years of age (74 percent), and

**Table 5-2.** Severity of maltreatment related injury or impairment by form of maltreatment and age of child: Estimated percentage distributions by severity category.

| Form of maltreatment and age of child | Severity of injury or impairment | | | | |
|---|---|---|---|---|---|
| | Fatal | Serious | Moderate | Probable[2] | Total |
| Estimated no. of children | 1,000 | 137,400 | 411,600 | 102,000 | 652,000 |
| **Form of maltreatment** | | | | | |
| Physical assault | 72 | 14 | 40 | 24 | 32 |
| Sexual exploitation | 1 | 5 | 3 | 24 | 7 |
| Emotional abuse | 0 | 16 | 22 | 24 | 21 |
| Physical neglect | 28 | 36 | 9 | 20 | 17 |
| Educational neglect | 0 | 19 | 34 | 15 | 28 |
| Emotional neglect | 0 | 34 | 1 | 6 | 9 |
| Total[1] | 101 | 124 | 113 | 113 | 114 |
| **Age of child** | | | | | |
| 0–2 | 49 | 16 | 5 | 10 | 8 |
| 3–5 | 25 | 7 | 9 | 13 | 9 |
| 6–8 | 2 | 17 | 18 | 15 | 17 |
| 9–11 | 0 | 19 | 18 | 20 | 19 |
| 12–14 | 1 | 14 | 23 | 20 | 21 |
| 15–17 | 23 | 27 | 27 | 22 | 26 |
| Total | 100 | 100 | 100 | 100 | 100 |

[1] Percentages sum to more than total since a child with a given severity of injury may have experienced more than one form of maltreatment.

[2] "Probable" should not be interpreted as less serious than "Moderate." Incest, abandonment, extreme close confinement and other "probable" injury situations are considered to be at least as serious as many situations where there are known injuries of moderate or even serious dimension (e.g., a black eye or laceration resulting from a slap).



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**Figure 5.** Age by sex incidence rates for major forms of in-scope child abuse and neglect.

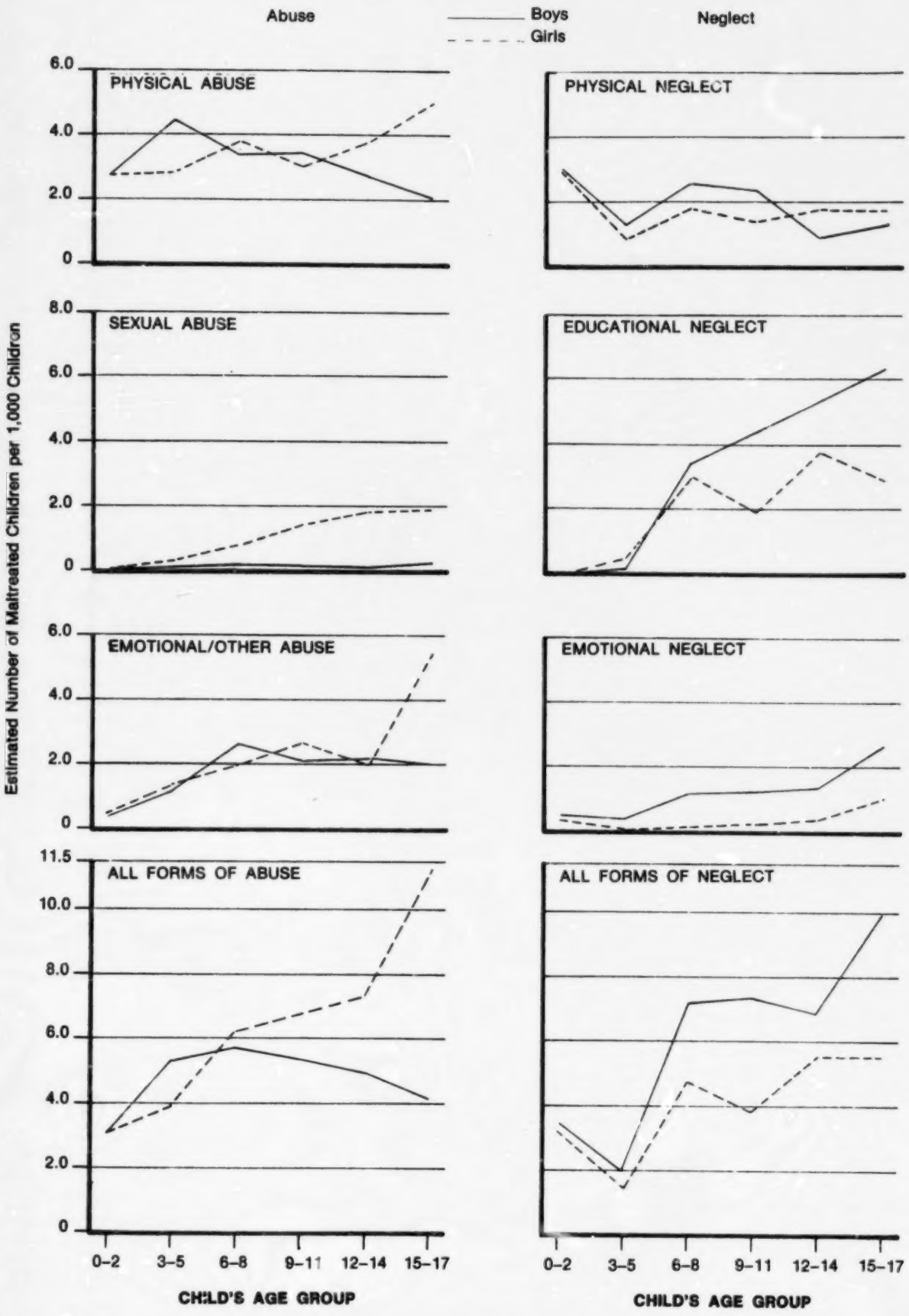


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**Table 5–3.** Form of maltreatment by child demographic characteristics: Percent of estimated total number of in-scope maltreated children.

| Child characteristic | Form of maltreatment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Abuse | | | | Neglect | | | | Total |
| | Physical | Sexual | Emotional | Total | Physical | Educational | Emotional | Total | |
| Estimated no. children (1,000) | 207.6 | 44.7 | 138.4 | 351.1 | 108.0 | 181.5 | 59.4 | 329.0 | 652.0 |
| **Age of child** (% known) | (99) | (99) | (100) | (99) | (100) | (99) | (100) | (99) | (99) |
| 0–2 | 11 | 2 | 3 | 7 | 23 | 0 | 6 | 9 | 8 |
| 3–5 | 17 | 6 | 9 | 12 | 9 | 3 | 5 | 5 | 9 |
| 6–8 | 17 | 11 | 17 | 17 | 20 | 18 | 13 | 18 | 17 |
| 9–11 | 16 | 21 | 19 | 18 | 18 | 19 | 16 | 18 | 19 |
| 12–14 | 19 | 28 | 20 | 21 | 14 | 29 | 20 | 22 | 21 |
| 15–17 | 20 | 32 | 32 | 25 | 16 | 31 | 40 | 28 | 26 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Sex of child** (% known) | (99) | (99) | (100) | (99) | (100) | (99) | (100) | (100) | (100) |
| Boys | 47 | 17 | 43 | 43 | 53 | 63 | 72 | 61 | 52 |
| Girls | 53 | 83 | 57 | 57 | 47 | 37 | 28 | 39 | 48 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Child's ethnic group**[1] (% known) | (99) | (99) | (99) | (99) | (99) | (99) | (99) | (99) | (99) |
| White | 86 | 88 | 92 | 89 | 84 | 72 | 89 | 77 | 82 |
| Black | 13 | 11 | 7 | 10 | 15 | 27 | 11 | 22 | 16 |
| Other | 1 | 1 | 1 | 1 | 2 | 1 | 1 | 1 | 1 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

[1]For comparison with Census data, "White" includes "White, not of Hispanic origin" and "Hispanic."

most of the rest (23 percent) to children in the 15–17 range. Serious injuries also occurred relatively often in the extreme age groups.

**b. Age and Sex of Child**

Age by sex relationships for the major forms of in-scope abuse and neglect are presented in Figure 5 and, in a somewhat different format, in Table 5-3. In Figure 5, data are presented in the form of incidence rates, to adjust for the fact that the number of children in the nation increases as a function of age group. As may be seen, age by sex relationships are very different for the different forms of maltreatment. There are some conspicuous similarities, however. First, in the 0–2 age group, there are essentially no sex differences in incidence. In that age group, incidence rates for boys are nearly identical to those for girls, for all forms of maltreatment. Second, there is a consistent pattern of sex differences increasing with increasing age, the largest sex differences occurring in the 15–17 group. Third, the direction of the sex difference in the upper age range is different for abuse than for neglect. For all three forms of abuse, incidence rates are substantially higher for girls than for boys in the upper age range, and the reverse is true for two of the three major neglect categories; the one exception is physical neglect, where incidence rates are slightly higher for girls than for boys in the 12–17 age range.

Among girls, the incidence of physical abuse gradually increases with increasing age. For boys, 3–5 seems to be the peak age, and incidence rates gradually decline thereafter. It is curious that the incidence rate is so much higher for boys than girls in the 3–5 age group, but nowhere else along the age spectrum. It is also interesting that the measured incidence of physical abuse of boys declines during the teenage years: one wonders whether physical abuse of boys occurs less often then, or is just less often recognized.

In the area of sexual abuse, girls are victimized more

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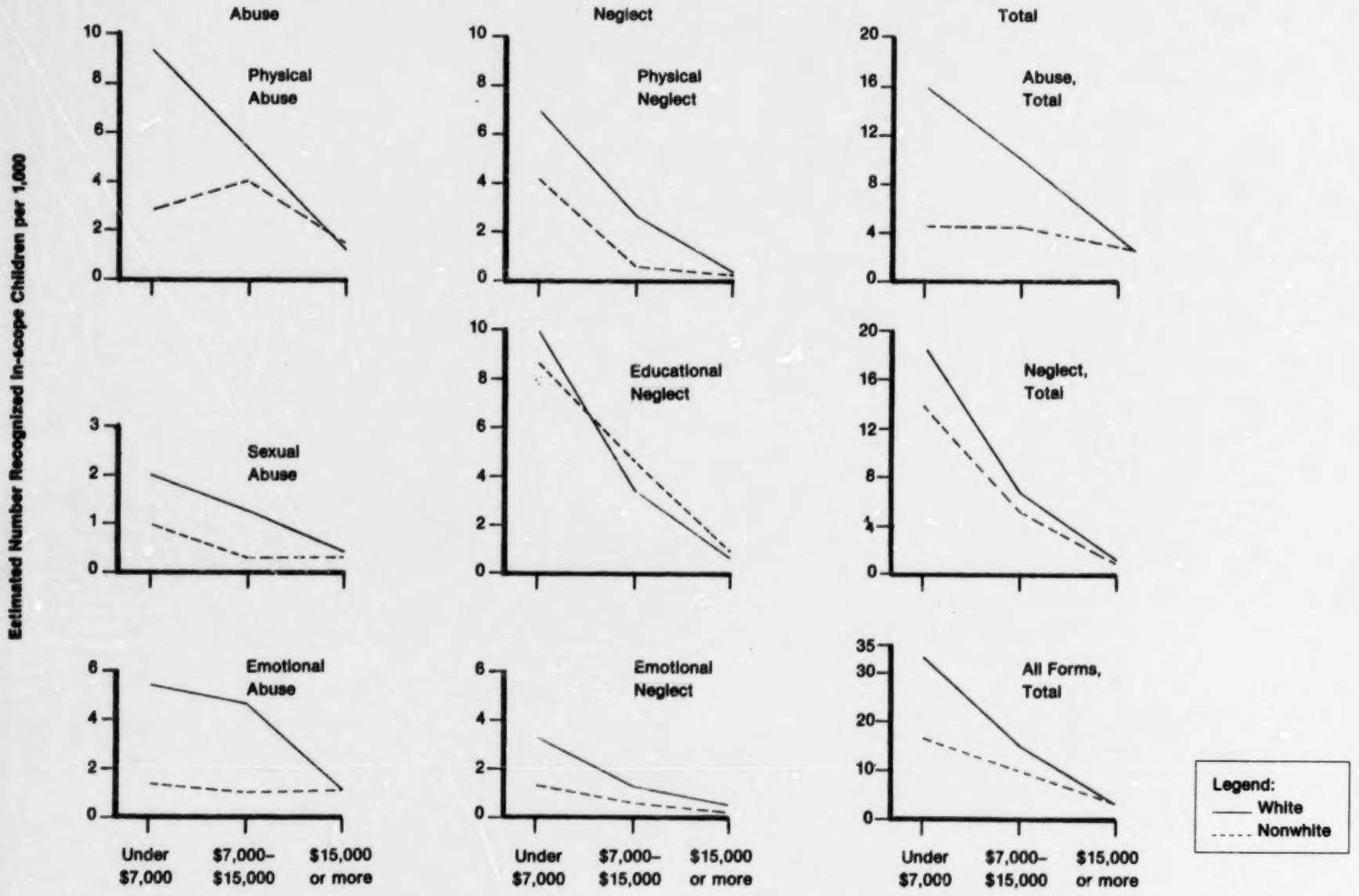
**Figure 6.** National incidence estimates for White and Nonwhite children by annual family income and form of maltreatment.

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often than boys at all age levels. The problem is not unique to girls, however. Overall, 17 percent of sex abuse victims are boys (Table 5-3). The striking thing about the incidence curve for boys is that it is very close to horizontal: the incidence of sexual abuse of boys does *not* inappreciably with increasing age. It is no higher (or lower) at age 16 than at age 6. For girls, the incidence rate does increase with age, but not as much as one might expect. As many female sex abuse victims are under age 12 (50 percent of the total) as are in the 12-17 age range (from Table 5-3). It appears that the age-at-risk for sexual abuse has a wide range. The risk in the years before puberty is only somewhat lower than it is after puberty, for girls as well as boys.

In the area of emotional abuse, incidence rates increase gradually with increasing age for both sexes. There is no appreciable sex difference in incidence until the 15-17 age groups, at which point the incidence rate for girls suddenly jumps to almost three times the rate for boys. It is intriguing that such a pronounced increase occurs in the 15-17 group and that it occurs only for girls. The reasons for the increase, however, are not readily apparent.

Physical neglect is the only form of maltreatment for which the incidence curve has a generally downward slope for both boys and girls. For both sexes, the age group at greatest risk is 0-2. No doubt, this curve reflects the extreme physical dependency of infants and the decline in physical dependence which occurs as children get older.

Since educational neglect involves school-related problems, it is essentially nonexistent until age 6. Then and thereafter, the incidence rate is higher for boys than for girls. For boys, incidence rates increase sharply and evenly over the 6-17 age range. One might speculate that, in families where educational neglect occurs at all, the problem tends to be chronic and cumulative in its manifestations. Such an interpretation may work for boys, but doesn't seem to apply to girls. For girls, the jagged age curve is not suggestive of long term cumulative problems.

Finally, the incidence of serious emotional neglect is substantially higher for boys than for girls from age six onward. For both sexes, the incidence rates are constant from ages 6-14 and then increase significantly during the years 15-17.

**c. Ethnic Group of Child**

Relationships between child's ethnic group and major form of maltreatment are presented in the bottom portion of Table 5-3. Compared to their representation in the national population (15 percent), Black children are underrepresented in all abuse categories and in all neglect categories except educational neglect. Educational neglect is a large category, however, and the overrepresentation of Blacks is substantial (27 percent of children in-scope for educational neglect vs. the 15 percent of U.S. children). Because of this, the overall representation of Blacks among in-scope children is about the same as in the general population (16 percent).

White children constitute 83 percent of the child population. It may be seen that this group is proportionately overrepresented in all maltreatment categories except educational neglect.

**d. Family Income**

Table 5-4 presents relationships between form of maltreatment and estimated annual family income. An estimated 55 percent of all U.S. children live in families with annual income of $15,000 or more, and only 17 percent live in families with incomes under $7,000. In comparison to the income distribution for all U.S. children, children from low income families are overrepresented in all maltreatment categories. Not to the same extent, however: the strongest relationships between poverty and maltreatment occur in the areas of physical and educational neglect, where over half of all in-scope children were reported to live in families with income under $7,000. Overall, the relationship is substantially less pronounced for abuse than neglect: 34 percent of all in-scope abused children have family incomes under $7,000, as compared to 53 percent of in-scope neglected children. The forms of maltreatment recognized proportionately more often in families of $15,000 or more than in lower income families are emotional neglect and emotional abuse.

**e. Ethnicity and Family Income**

In the previous chapter, it was shown that the overall incidence of in-scope maltreatment is unrelated to ethnicity, but it is strongly related to income (Figure 4). In the general population, income and ethnicity are related to one another: the proportion of Nonwhite children who live in families with annual incomes under $7,000 is three times higher than the percent of White children whose families are in that income group (38 percent vs. 12 percent).[2] This implies that, at least for some income levels and/or for some forms of maltreatment, the incidence rates for minority group children must be lower than those for White children.

Interrelationships among ethnicity, family income and form of maltreatment are examined in Figure 6.[3] It may be seen that, for families with annual incomes of $15,000 or more, there are essentially no differences at all between White and Nonwhite children in measured incidence. Among lower income groups, the incidence rates are consistently higher for White children than for Nonwhite children. This is particularly true for abuse: in the lowest income groups (under $7,000), the overall incidence of in-scope abuse is four times higher for White than for Nonwhites (16.1 children per 1000 vs. 4.4 children per 1000); it is two times higher in the $7,000-$14,999 group

[2] From 1977 income estimates contained in *Statistical Abstract of the United States (1979)*, U.S. Bureau of the Census, Washington, D.C., 1979.

[3] For simplicity, "Black" and "Other" groups are combined to form a single "Nonwhite" category in these graphs. As in earlier tabulations, "White" includies "White, not of Hispanic origin" and "Hispanic."

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**Table 5–4.** Form of maltreatment by selected household demographic characteristics: Percent of estimated total number of in-scope maltreated children.

| Household characteristics | Form of maltreatment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Abuse | | | | Neglect | | | | Total |
| | Physical | Sexual | Emotional | Total | Physical | Educational | Emotional | Total | |
| Estimated no. children (1,000) | 207.6 | 44.7 | 138.4 | 351.1 | 108.0 | 181.5 | 59.4 | 329.0 | 652.0 |
| **Estimated annual family income** (% known) | (83) | (89) | (82) | (83) | (86) | (75) | (87) | (80) | (81) |
| Under $7,000 | 35 | 38 | 31 | 34 | 57 | 53 | 45 | 53 | 43 |
| $7,000–$14,999 | 44 | 42 | 46 | 44 | 34 | 35 | 31 | 34 | 39 |
| $15,000–$24,999 | 16 | 18 | 15 | 15 | 7 | 10 | 15 | 10 | 13 |
| $25,000 or more | 6 | 2 | 8 | 7 | 3 | 2 | 9 | 4 | 6 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **No. children in household** (% known) | (95) | (95) | (92) | (94) | (90) | (79) | (87) | (83) | (89) |
| 1 | 25 | 23 | 21 | 24 | 27 | 20 | 38 | 24 | 24 |
| 2–3 | 54 | 51 | 52 | 53 | 45 | 56 | 37 | 51 | 52 |
| 4 or more | 21 | 26 | 27 | 23 | 28 | 24 | 25 | 25 | 24 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Type of county** (% known) | (100) | (100) | (100) | (100) | (100) | (100) | (100) | (100) | (100) |
| Urban | 47 | 38 | 42 | 44 | 46 | 52 | 30 | 47 | 45 |
| Suburban | 21 | 16 | 27 | 22 | 21 | 14 | 35 | 19 | 21 |
| Rural | 32 | 46 | 31 | 34 | 33 | 34 | 35 | 34 | 34 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

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(9.8 per 1000 vs. 4.7 per 1000); and the rates are essentially identical in the $15,000 and above group (2.2 per 1000 vs. 2.3 per 1000).

To a lesser extent, the same relationships exist in the neglect areas. The one exception is educational neglect, where incidence rates for White and Nonwhite children are essentially identical at each income level. This indicates that the overall overrepresentation of minorities in this area (noted in Table 5-3) is *not* due to an unusually high incidence of educational neglect in Nonwhite families; rather, it is due to two other factors: (a) the strong association between educational neglect and poverty for all ethnic groups, and (b) the association between ethnicity and poverty in the total U.S. population.

**f. Number of Children in Family**

As noted earlier (Table 4-3), overall incidence rates are somewhat higher for one-child families and for families with four or more children than for families with two or three children. In the total U.S. population, 22 percent of children live in families with four or more children; 19 percent are only children. It may be seen from Table 5-4 that "only" children are overrepresented in all maltreatment categories, but particularly in the area of emotional neglect (where 38 percent of in-scope children are "only" children, exactly twice the population percentage). Children in families of four or more children were somewhat overrepresented in the areas of physical neglect, emotional abuse, and sexual abuse.

**g. Type of County**

Table 5-4 also presents relationships between form of in-scope maltreatment and type of county. The strongest association is for sexual abuse, which appears substantially more common in rural areas than elsewhere. Thus, 46 percent of sexual abuse cases were identified in rural counties, though only 31 percent of the nation's children live in such counties (from Table 4-3).

By contrast, educational neglect is more common in urban areas than elsewhere: 44 percent of U.S. children live in urban counties (from Table 4-3), but 52 percent of in-scope educational neglect cases came from such counties.

Emotional neglect is disproportionately common in suburban areas, which contain 25 percent of the nation's children but 35 percent of children with in-scope emotional neglect.

The urban-suburban-rural distribution for the other three major forms of maltreatment (physical abuse, emotional abuse and physical neglect) is roughly the same as the population distribution.

**h. Involved Adults**

Table 5-5 presents findings concerning the adult(s) involved in the different forms of maltreatment. In-home parents and parent substitutes could be involved either as perpetrators of the harm-causing acts/omissions or as having knowingly permitted maltreatment by others. Other adult caretakers were considered involved only if

**Table 5-5.** Form of maltreatment by involved adult characteristics: Percent of estimated total number of in-scope maltreated children.

| Involved adult characteristics | Form of maltreatment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Abuse | | | | Neglect | | | | Total |
| | Physical | Sexual | Emotional | Total | Physical | Educational | Emotional | Total | |
| Estimated no. in-scope children (1,000) | 207.6 | 44.7 | 138.4 | 351.1 | 108.0 | 181.5 | 59.4 | 329.0 | 652.0 |
| **Adult(s) involved in maltreatment (% known)** | (99) | (98) | (99) | (99) | (99) | (99) | (99) | (99) | (99) |
| Mother/substitute only | 24 | 10 | 27 | 23 | 38 | 52 | 33 | 45 | 34 |
| Father/substitute only | 22 | 36 | 8 | 19 | 6 | 6 | 5 | 6 | 13 |
| Mother/substitute and father/substitute | 41 | 21 | 53 | 42 | 43 | 38 | 47 | 41 | 41 |
| Other adult caretaker only | 5 | 16 | 2 | 6 | 1 | 0 | 3 | 1 | 4 |
| Other adult and parent(s)/substitute(s) | 8 | 17[1] | 10 | 10 | 12 | 4 | 12 | 7 | 8 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |
| **Involved adults' relationship to child** | | | | | | | | | |
| Mother/substitute: | | | | | | | | | |
| Biological mother | 66 | 43 | 71 | 64 | 83 | 88 | 84 | 86 | 75 |
| Stepmother | 3 | 1 | 13 | 6 | 5 | 4 | 4 | 4 | 4 |
| Adoptive mother | 2 | * | 2 | 2 | * | * | 2 | 1 | 1 |
| Other/unspecified | 1 | 1 | 3 | 2 | 1 | 1 | 1 | 1 | 1 |
| Total | 72 | 46 | 89 | 74 | 89 | 93 | 91 | 92 | 82 |
| Father/substitute: | | | | | | | | | |
| Biological father | 45 | 28 | 38 | 40 | 46 | 36 | 42 | 40 | 41 |
| Stepfather | 15 | 30 | 21 | 18 | 6 | 7 | 10 | 7 | 12 |
| Adoptive father | 3 | 1 | 3 | 3 | 1 | * | 2 | 1 | 2 |
| Other/unspecified | 1 | 3 | 2 | 2 | 1 | 1 | * | 1 | 1 |
| Total | 65 | 62 | 64 | 63 | 54 | 44 | 54 | 49 | 56 |
| Other adult caretaker: | | | | | | | | | |
| Paramour of in-home parent/substitute | 6 | 11 | 4 | 7 | 6 | 1 | 5 | 3 | 5 |
| Out-of-home (separated, divorced) parent/substitute | 1 | 2 | 2 | 2 | 1 | 2 | 6 | 2 | 2 |
| In-home adult relative | 5 | 5 | 3 | 3 | 4 | 1 | 3 | 3 | 4 |
| Other/unspecified | 1 | 14 | 3 | 3 | 1 | 1 | * | * | 1 |
| Total | 13 | 32 | 13 | 15 | 12 | 4 | 14 | 8 | 12 |

* Less than 0.5 percent.

[1] 78 percent of these are combination of mother/substitute and other adult caretaker.



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they had committed harm-causing acts/omissions.

The top section of Table 5-5 shows the combinations of adults involved in the various forms of maltreatment. It indicates that, overall, the mother/substitute was the only involved adult for 34 percent of in-scope children, the father/substitute was the only adult involved in 13 percent of the cases, and both parents/substitutes were involved for 41 percent of the cases. This last percentage includes situations where both parents/substitutes were directly involved as "perpetrators" and situations where one parent/substitute was the "perpetrator" and the other a passive "accomplice," who was aware of the other parent/substitute's behavior but did not intervene to help or protect the child. An additional four percent of cases were ones where an adult caretaker other than an in-home parent/substitute was the sole perpetrator. The remaining eight percent involved an "other adult" perpetrator and one or both parents/substitutes, who may have been actively or passively involved.

The lower section of Table 5-5 indicates, for each major category (mother/substitute, father/substitute, and other), the percent of in-scope children for whom an adult in that category was involved in the maltreatment and the adult's relationship to the child. It may be seen that mother/substitutes were involved in 46 percent of sexual abuse cases, in 72 percent of physical abuse cases, and in approximately 90 percent of all other forms of maltreatment. Particularly in the abuse categories, mother/substitutes were seldom the only involved adults, however. Across all forms of abuse, mother/substitutes were the sole perpetrators only 23 percent of the time. In-home father/substitutes were involved (singly or with other adults) in 63 percent of abuse cases, and other adult caretakers were involved as perpetrators in 15 percent of abuse cases.

In the area of sexual abuse, the patterns of adult involvement are different than for other forms of maltreatment. In this area, mothers and mother substitutes were seldom the primary perpetrators. Even for the 10 percent of sexual abuse victims for whom mother/substitutes were listed as the only involved adults, the mother/substitute's involvement may often have been one of allowing someone else (e.g., a sibling, a neighbor) to abuse the child. It is noteworthy, however, that mother/substitutes were at least passively involved (if only in allowing a known problem to continue, without attempting to help the child) in nearly half of all in-scope sexual abuse cases (46 percent).

Biological fathers were also involved in sexual abuse less often than in other forms of maltreatment. At most, only 28 percent of in-scope sexual abuse cases involved father-daughter (or father-son) incest or molestation.[4] More often than for other forms of maltreatment, stepfathers and other adult caretakers (such as a single-parent's paramour) played relatively major roles as perpetrators of sexual abuse).

[4] Some of the sexual abuse cases in which biological fathers were involved were ones where the father's involvement was indirect.



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# 6. Demographics of Recognition and Reporting

Thus far in this report, the emphasis has been on a description of the numbers and characteristics of in-scope children identified to the study, without regard to whether or not they had been reported to the local CPS agency. In this chapter, it is the reporting system which is the primary focus of attention. Analyses in this chapter center around four system-related questions: who sees what?, how much is reported?, what is reported?, and who is reported? The premise of the analyses is that most of the problem situations encompassed by the study definitions also fall within most states' abuse/neglect reporting statutes and, arguably, *should* be reported to CPS.

## Who Sees What?

It would be useful (e.g., in targeting of in-service training and other community education and casefinding efforts) to know what kinds of abuse/neglect problems are most often encountered by different potential referral sources.

Table 6-1 shows, for each major form of maltreatment, the percent of in-scope children who were identified—to CPS and/or directly to the study—by each major source of information. The findings in this table are disappointing in that they do not reveal a great deal of differentiation among sources in the kinds of in-scope maltreatment encountered. Basically, everyone seems to see a little of everything. Courts and corrections agencies, for example, account for (i.e., were the source of information to CPS and/or to the study for) seven percent of all in-scope children, and they account for roughly seven percent of in-scope cases in most categories of maltreatment; the exception is sexual abuse, where courts/corrections agencies contributed a larger share of the in-scope cases (17 percent). Other law enforcement agencies (police, sheriffs' and coroners' offices) also encountered a relatively large proportion of sexual abuse cases, accounting for 15 percent of in-scope sexual abuse cases, as compared to an overall contribution of eight percent.

Although sources were not strongly differentiated in terms of the kinds of cases encountered, they were markedly different from one another in the numbers of cases they identified to CPS and/or to the study. In this respect, public schools stand out as the most important source of information about all forms of maltreatment. Public schools account for 81 percent of educational neglect cases and for about half of the cases in all but one of the other maltreatment categories. The exception is sexual abuse, but even there, schools identified 20 percent of all in-scope cases, which was more than any other single source.

The prominence of schools is not surprising. Nearly all children in the 5-17 age range are enrolled in school, and school personnel have a daily contact with children of a nature which places them in a uniquely advantageous position to observe injuries, behavior changes, and other indications of possible child abuse or neglect.

**Table 6-1.** Form of maltreatment by source of information to CPS and/or study: Percent of estimated number of recognized in-scope children.

| Source of information to CPS and/or study | Form of maltreatment | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Abuse | | | | Neglect | | | | Total |
| | Physical | Sexual | Emotional | Total | Physical | Educational | Emotional | Total | |
| Estimated no. children (1,000) | 207.6 | 44.7 | 138.4 | 351.1 | 108.0 | 181.5 | 59.4 | 329.0 | 652.0 |
| Source of information to CPS and/or study[1] (% known) | (99) | (100) | (100) | (99) | (100) | (100) | (100) | (100) | (100) |
| DSS/Welfare Dept. | 2 | 2 | 1 | 2 | 3 | 2 | 1 | 2 | 2 |
| Courts/corrections agencies | 5 | 17 | 7 | 7 | 6 | 6 | 12 | 7 | 7 |
| Police/sheriff/coroner | 11 | 15 | 8 | 10 | 10 | 5 | 11 | 7 | 8 |
| Public health departments | 1 | 2 | 1 | 1 | 4 | 0 | 1 | 2 | 1 |
| Medical sources, except public health | 10 | 9 | 3 | 8 | 12 | 1 | 6 | 5 | 7 |
| Public schools | 46 | 20 | 55 | 46 | 46 | 81 | 52 | 66 | 56 |
| Other study agencies | 13 | 19 | 10 | 12 | 6 | 2 | 8 | 5 | 9 |
| Other CPS sources | 12 | 15 | 14 | 14 | 13 | 3 | 10 | 7 | 11 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 | 100 |

[1] From level of recognition classification (see Table 3-5). Includes in-scope children reported to CPS plus additional in-scope children identified directly to the study.

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**Table 6–2.** Rate of reporting to CPS by source: Estimated annual number of recognized in-scope children and proportion reported to CPS, by source of information to CPS and/or study.

| Source of information to CPS and/ or study | Estimated no. in-scope children | | | Proportion reported to CPS |
|---|---|---|---|---|
| | Reported to CPS (A) | Not reported to CPS (B) | Total (C) | (A/C) |
| **Investigatory agencies**[1] | | | | |
| Courts/corrections agencies | 10,300 | 33,100 | 43,400 | .24 |
| Police/sheriff/coroner | 22,400 | 31,500 | 53,900 | .42 |
| Public health departments[2] | 2,400 | 6,800 | 9,200 | .26 |
| Subtotal | 35,100 | 71,400 | 106,500 | .33 |
| **Other study agencies**[1] | | | | |
| Hospitals | 20,600 | 16,200 | 36,800 | .56 |
| Public schools | 46,800 | 316,600 | 363,400 | .13 |
| Mental health agencies[2] | 9,200 | 19,900 | 29,100 | .32 |
| Other social service agencies[2] | 7,000 | 15,400 | 22,400 | .31 |
| Subtotal | 83,600 | 368,100 | 451,700 | .19 |
| Total, all study sources | 118,700 | 439,500 | 558,200 | .21 |
| **Other sources** (CPS only)[4] | | | | |
| DSS/Welfare Department | 12,300 | ? | 12,300+ | ? |
| Other professional/agency sources[3] | 12,300 | ? | 12,300+ | ? |
| All other sources (child, family, neighbors, anonymous, etc.) | 69,100 | ? | 69,100+ | ? |
| Subtotal | 93,700 | ? | 93,700+ | ? |
| Total, all sources | 212,400 | 439,500+ | 652,000+ | ? |

[1] Priority classification: each row represents children over and above those in previous rows; children who were identified to study by participating non-CPS agencies and who were also reported to CPS by *any* source are in the "Reported to CPS" column. Thus "not reported" means not reported by this agency type or by any other source.

[2] "Reported" column includes children reported to CPS by all such agencies, in the county or elsewhere. "Not reported" column reflects response from participating agencies only, with no statistical adjustment for agency sampling or non-participation.

[3] Category includes: state police, medical clinics, private physicians, special education schools, private/parochial schools, preschools and day care facilities.

[4] The question marks in this section indicate that, for sources not represented in the non-CPS data collection, the study has no direct estimate of the numbers of in-scope children who were recognized but not reported to CPS or of the reporting rates for such sources.

## How Much is Reported?

As noted in Chapter 3, children reported to CPS represent only one-third of the in-scope children identified to the study. The other two-thirds were identified to the study by non-CPS agencies but were not reported to CPS. In this section, CPS reporting by individual sources is examined.

Table 6–2 gives national estimates, by source, of the number of in-scope children reported to CPS, the number of additional in-scope children (not reported to CPS) identified to the study, and the proportion of the total (reported plus unreported) which was reported to CPS. It may be seen that agencies encompassed by the non-CPS component of the study are estimated to have reported a total of 118,700 in-scope children to CPS during the study year. The estimate is that, in addition to the in-scope children who are reported to CPS each year (by these and all other sources of information to CPS), 439,500 other in-scope children are recognized and identifiable from these non-CPS agencies. Thus, the 118,700 in-scope children reported to CPS by study agencies represent an estimated 21 percent of all recognized in-scope children identifiable from such agencies.

The estimate that, overall, only 21 percent of recognized in-scope children are reported to CPS by agencies encompassed in this study is regarded as an upper limit estimate, for two major reasons:

(1) In several categories, the number of agencies



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represented in the reported-to-CPS column is considerably larger than the number of agencies encompassed in the study estimate of unreported children. Examples:

- The study estimate of unreported children identifiable from courts/corrections agencies (33,100) is based on findings from a single courts/corrections agency in each study county (usually, the Juvenile Probation Department), while the estimate for reported cases (10,300) includes reports to CPS from the study agency and also those from all other courts/corrections agencies in the county (or elsewhere) which may have made reports to CPS—the adult probation department, adult and juvenile parole departments, family and criminal courts, the offices of the county prosecutor or district attorney, etc. Thus, the estimated report rate in this category (24 percent) overstates the amount of reporting by agencies encompassed in the study design.[1]
- The estimates of unreported cases for mental health and social service agencies are based on findings from one or two such agencies per county, while the reported column includes reports to CPS from all such agencies which exist in the study counties and surrounding areas. Particularly in the larger counties, the number of mental health and social service agencies participating in the study represented only a fraction of the agencies which exist in these counties.

(2) The estimated numbers of unreported children understate the actual numbers of in-scope children who were known to, but not reported to CPS by, the professional staffs of the study's non-CPS agencies. As noted earlier (Chapter 2), large and central city agencies (which provided relatively large numbers of cases per agency) are underrepresented in the study estimates. In addition, the voluntary nature of the non-CPS data collection, together with the limited support the study received at some non-CPS agencies, undoubtedly led to further underestimation of the numbers of recognized but unreported cases.

The reporting proportions shown in Table 6-2 are rather striking, particularly since they are overestimates. The table shows that, for the relatively clear-cut and serious kinds of abuse/neglect problems encompassed by the study definitions, courts/corrections agencies and public health departments report to CPS *at most* only about one-quarter of the cases they encounter and recognize. Public schools, although they are the major institutional source of referrals to CPS of in-scope cases, report an even lower 13 percent. In fact, the estimated number of *unreported* in-scope children identifiable from public schools alone (316,600) is substantially larger than the total number of in-scope children reported to CPS by all sources combined (212,400).

The highest rates of reporting to CPS were found for hospitals (56 percent) and for police/sheriff/coroners (42 percent). These findings could indicate: (a) that these sources reported to CPS relatively high proportions of the in-scope children they encountered, and/or (b) that the study data collection procedures were relatively unsuccessful in documenting unreported cases from these sources. The latter is a distinct possibility. The study procedures to enlist participation by individual professional staff members may have been less effective in hospitals and police/sheriff's departments than for other agencies, due to their particular structural characteristics—the use of work shifts, outstationing of personnel (e.g., in precinct stations, as opposed to the headquarters offices), specialization of personnel (e.g., emergency room physicians vs. attending pediatricians vs. outpatient department nurses, etc., each of which had to be enlisted separately), and so on. In contrast to schools, where it was often possible to achieve face-to-face contact with all professional staff in a single faculty meeting, there was relatively little direct contact between study personnel and the staffs of hospitals and police/sheriff's departments; the quality of the data collection may well have suffered as a result.

Thus, it is not clear whether public schools reported a smaller proportion of recognized abuse/neglect cases to CPS than other agencies or whether the study simply did a better job with schools than with other agencies of documenting unreported cases. As noted earlier, the reporting rates shown in Table 6-2 are overestimates and, for some kinds of agencies, they may overestimate by a substantial degree the actual level of reporting to CPS of recognized child abuse and neglect.

It is unfortunate that the study is unable to provide more precise information about the extent of reporting to CPS of recognized cases of child abuse and neglect. From even the most optimistic reading of Table 6-2, however, one thing does seem clear: the vast majority of child abuse and neglect cases recognized by professionals in the community are *not being reported* to CPS agencies.

**What is Reported?**

As may be seen from Table 6-3, level of recognition distributions varied substantially from one form of maltreatment to another. Overall, an estimated 33 percent of

[1] To avoid such "overcounting" of reports to CPS by agencies represented in the non-CPS data collection, it would have been necessary to ascertain the specific names (rather than the general types) of the agencies involved in reports to CPS. This was *not* done, since it would have been a breach of confidentiality for CPS agencies to have provided such identifying information.

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all in-scope children (those reported to CPS or identifiable from other agencies encompassed by this study) were reported to CPS. For three of the six major categories of maltreatment, less than one-fourth of all in-scope children had been reported to CPS: educational neglect (13 percent), emotional neglect (20 percent), and emotional abuse (24 percent). Even for the form of maltreatment proportionately most often reported to CPS, sexual abuse, the percentage was only 54 percent.

Overall, "other investigatory agencies" identified to the study an additional 11 percent of all in-scope children. The percentages were about twice that for sexual abuse (23 percent of the total) nd emotional neglect (20 percent). The percent of in-scope children who were not known to CPS or to other investigatory agencies but were identified by other study agencies (schools, hospitals, etc.) was 56 percent overall; it ranged from a low of 23 percent (sexual abuse) to a high of 78 percent (educational neglect).

The lower section of Table 6-3 shows the level of recognition distributions by severity of maltreatment-related injury or impairment. As shown, 87 percent of all maltreatment-related fatalities identified by the study had been reported to CPS, and the remaining 13 percent were known to other investigatory agencies. Schools, hospitals, and other study agencies identified no in-scope fatalities over and above those already known to CPS or other investigatory agencies. This is an unexpected, interesting, and ironic finding. The irony stems from the fact that the 87 percent report rate for fatalities represents the single highest report rate found in the entire study: of all the reportable phenomena (problems, situations, subpopulations) covered in this study, the only one which seems to be reported to CPS agencies with a high degree of regularity is the one about which CPS can do absolutely nothing to help the victim: fatalities.

The finding is also unexpected. One of the hypotheses upon which the study design was based was that abuse/neglect-related fatalities (i.e., homicide or manslaughter) might seldom be reported to CPS. It was thought that such cases might often be handled by law enforcement agencies and that, partly because CPS could do nothing for a child who had died, it might seldom occur to anyone to report such a situation to CPS (unless there was concern for other children in the family, in which case they—rather than the homicide victim—would be the "reported" or "client" children). An interest in identifying such cases was one of the major reasons for including coroners, police departments, and public health departments in the study design. The hypothesis, it seems, was incorrect. Very few unreported fatalities were picked up through the non-CPS data collection.

In marked contrast to fatalities, only 23 percent of recognized in-scope children who had suffered serious

**Table 6-3.** Level of recognition by form and severity of maltreatment: Percent of estimated number of recognized in-scope children.

| Form and severity of maltreatment | Estimated no. children | Level of recognition | | | Total |
|---|---|---|---|---|---|
| | | CPS | Other investigatory agencies | Other study agencies | |
| **Form of maltreatment** | | | | | |
| Physical assault | 207,600 | 46 | 9 | 45 | 100 |
| Sexual exploitation | 44,700 | 54 | 23 | 23 | 100 |
| Emotional abuse | 138,400 | 24 | 14 | 63 | 100 |
| Abuse Total | 351,100 | 41 | 12 | 47 | 100 |
| Physical neglect | 108,000 | 41 | 12 | 48 | 100 |
| Educational neglect | 181,500 | 13 | 9 | 78 | 100 |
| Emotional neglect | 59,400 | 20 | 20 | 59 | 100 |
| Neglect Total | 329,000 | 23 | 11 | 66 | 100 |
| Total | 652,000 | 33 | 11 | 56 | 100 |
| **Severity of injury or impairment** | | | | | |
| Fatal | 1,000 | 87 | 13 | 0 | 100 |
| Serious | 137,400 | 23 | 17 | 59 | 100 |
| Moderate | 411,600 | 32 | 9 | 59 | 100 |
| Probable | 102,000 | 48 | 11 | 41 | 100 |
| Total | 652,000 | 33 | 11 | 56 | 100 |

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**Table 6–4.** Selected characteristics of all U.S. children, all alleged CA/N victims reported to CPS, and all recognized in-scope children by level of recognition: Estimated percentage distributions.

| Characteristic | All U.S. children [1] | Alleged victims reported to CPS | In-scope children | | | |
|---|---|---|---|---|---|---|
| | | | Level of recognition | | | Total |
| | | | CPS | Other investigatory agencies | Other study agencies | |
| Estimated No. children | 61,900,000 | 1,101,000 | 212,400 | 71,400 | 368,100 | 652,000 |
| **Child's ethnic group** [2] (% known) | | (98) | (99) | (98) | (99) | (99) |
| White | 83 | 82 | 84 | 83 | 81 | 82 |
| Black | 15 | 16 | 14 | 15 | 18 | 16 |
| Other | 2 | 2 | 2 | 2 | 1 | 2 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |
| **Estimated annual family income** (% known) | | (86) | (95) | (80) | (72) | (81) |
| Under $7,000 | 17 | 52 | 46 | 50 | 38 | 43 |
| $7,000–$14,999 | 28 | 38 | 40 | 26 | 41 | 39 |
| $15,000–$24,999 | 34 | 8 | 10 | 17 | 14 | 13 |
| $25,000 or more | 21 | 2 | 3 | 8 | 7 | 6 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |
| **Income by ethnicity** [3] | | | | | | |
| Under $7,000: % White | 63 | 73 | 79 | 68 | 80 | 78 |
| $7,000–$14,999: % White | 80 | 89 | 88 | 94 | 87 | 88 |
| $15,000 or more: % White | 92 | 92 | 84 | 96 | 95 | 92 |
| All income levels: % White | 83 | 82 | 84 | 83 | 81 | 82 |
| **Age of child** (% known) | | (99) | (99) | (99) | (99) | (99) |
| 0–5 | 29 | 41 | 32 | 19 | 8 | 17 |
| 6–11 | 33 | 34 | 33 | 12 | 42 | 36 |
| 12–17 | 38 | 25 | 35 | 69 | 50 | 47 |
| Total | 100 | 100 | 100 | 100 | 100 | 100 |

[1] Estimates derived from *Statistical Abstract of the United States: 1979*, U.S. Bureau of the Census, Washington, D.C., 1979.

[2] For comparison with Census data, first category includes "White, not of Hispanic origin" and "Hispanic." Data for 1978.

[3] Data for 1977.

injuries or impairments as a result of child abuse or neglect were reported to CPS. This is lower than the overall reported percentage (33 percent). Thus, with the conspicuous exception of fatalities (which represent only 1,000 of the 652,000 in-scope children), it appears that the most seriously injured children are least likely to be reported to CPS.

## Who is Reported?

The conventional wisdom is that, although child abuse and neglect occur in all racial/ethnic groups and in all socio-economic strata, one's chances of being reported to CPS agencies and officially labeled as a victim or perpetrator of child abuse or neglect are greatly enhanced if one is poor, powerless, or a member of an ethnic minority. Among the factors often cited in support of this notion are:

- CPS agencies are located in county welfare departments, which may be seen as "appropriate" only for minorities and the poor;
- Professionals working in affluent communities may often be particularly reluctant to report suspected cases to CPS, due to fear of retaliation by an influential parent, reluctance to "make waves" in the community, availability of alternative service resources for the family, etc.; and

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- Cultural, economic, and ethnic stereotypes may affect perceptions and reporting practices (e.g., what a White middle class professional may see as an unfortunate family stress problem if it occurs in another White middle class family may be perceived as a reportable child abuse problem if it occurs in a poor or minority family).

Several features of the National Incidence Study methodology were intended to minimize the influence of such reporting "biases:"

- Collection of data from schools, hospitals, mental health facilities, and other agencies serving a wide demographic spectrum, as well as from CPS, police, courts, etc.;
- Use of safeguards to ensure respondent anonymity and confidentiality, to avoid possible report-related concerns about retaliation, embarrassment, inappropriate intervention, etc.;
- Avoidance of pejorative terminology as much as possible in study definitions and other materials, as by referring to assault rather than abuse, inattention rather than neglect, etc.; and
- Use of rigorous harm and other screening criteria to minimize further the influence of sociocultural value judgment: for example, not accepting allegations of "inadequate" care or "pigsty" living conditions unless the respondent could demonstrate that the child had actually suffered serious injury or impairment as a result of the inattention or disarray.

This section examines factors associated with the reporting (or non-reporting) to CPS of suspected child maltreatment and assesses the demographic effects of the study data collection and screening procedures. As a basis for discussion, Table 6-4 presents demographic profiles for in-scope children—by level of recognition—and for two comparison populations, all alleged victims reported to CPS and all U.S. children.

In terms of ethnicity, the various study provisions to adjust for the expected "overreporting" of minorities to CPS appear not to have been needed. The ethnic distribution for all children reported to CPS as alleged victims of abuse/neglect mirrors the population distribution almost exactly. The subset of reported children who were accepted as meeting all study requirements and the additional in-scope children who were identified from other study sources also mirror the ethnic distribution of the general population. These findings do not support the conventional wisdom that minorities are being overreported to CPS agencies.

The situation is different with respect to annual family income. As shown in Table 6-4, the income distribution for children reported to CPS is markedly different from the general population distribution. In 1977, 55 percent of all U.S. children lived in families with annual incomes of $15,000 or more. With inflation, the percentage was probably higher than that during the 1979-1980 study period. Yet, only 10 percent of children reported to CPS were described as having family incomes of $15,000 or more, and the percent of reported children with estimated family incomes under $7,000 was three times higher than in the general population (52 percent vs. 17 percent). As may be seen, screening CPS cases against the study definitions altered the income distribution somewhat: in-scope CPS cases had a somewhat lower percentage under $7,000 (46 percent) and a correspondingly higher percentage in the $15,000 and above category (13 percent). The unreported children identified from "other study agencies" (schools, hospitals, etc.) had a still lower percentage under $7,000 (38 percent) and a correspondingly larger percentage in the $15,000 and over category (21 percent).

These differences are all in the expected direction, and they lend some support to the notion that stereotyping and selective reporting may have something to do with the association between poverty and *reported* abuse or neglect. In particular, they seem to support the contention that there may be some underreporting to CPS by schools, hospitals and the like of suspected abuse/neglect situations among relatively affluent families, families of $15,000 or more income account for 21 percent of unreported cases from these sources, as compared to 10-13 percent of reported cases.

These trends notwithstanding, the major income finding is that the strong relationship between poverty and reported abuse/neglect is *not* entirely, or even largely, explainable as a result of selective reporting. The relationship persists after CPS cases are screened against the study's definitional requirements, and it is almost as strong for unreported cases as for those which are reported to CPS

It was shown in Chapter 5 that, within income categories (and particularly for the lowest income groups), measured incidence rates are higher for White children than for Nonwhite children. The income by ethnicity section Table 6-4 indicates that the earlier incidence findings are *not* attributable to the particular definitions or data sources used in this study: proportionate overrepresentation of Whites within income categories (and particularly in the lowest income categories) occurs at all three levels of recognition and for all alleged victims reported to CPS as well as for those meeting the study requirements.

The above findings concerning income and ethnicity lend little support to the notion that CPS report statistics reflect selective overreporting of minorities and the poor. By the same token, these findings are of little help in explaining why some in-scope children are reported to CPS while many others are not.

In this context, findings concerning child age distribu-



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tions are interesting. The bottom section of Table 6-4 shows that young children are reported to CPS as alleged victims of abuse/neglect much more often than one would expect from the population age distribution: children aged 0-5 represent 41 percent of all alleged victims reported to CPS, while they constitute only 29 percent of the child population of the U.S. The age distributions for in-scope children who were recognized by non-CPS respondents as victims of maltreatment but were not reported to CPS are even more "skewed," in the opposite direction: children under 6 years of age constitute only 19 percent of the unreported in-scope children identified from "other investigatory agencies" (police, courts, etc.) and they constitute only 8 percent of those identified by "other study agencies" (schools, hospitals, mental health agencies, etc.). Stated another way, 67 percent of all in-scope children under age 6 *had* been reported to CPS, while 78 percent of all in-scope children aged 12-17 *had not* been reported to CPS.

In summary, it appears that the child's ethnic group and family income are not major factors in accounting for reporting or non-reporting of suspected maltreatment but that the child's age may be a major determinant of whether or not a recognized maltreatment problem is reported to CPS for investigation and treatment.

# 7. SUMMARY

This report summarizes major findings from the National Study of the Incidence and Severity of Child Abuse and Neglect. The "National Incidence Study" was conducted by the National Center on Child Abuse and Neglect (NCCAN) of the Children's Bureau, U.S. Department of Health and Human Services. It is the first large scale effort to assemble information, based on standardized definitions, about the scope and character of recognized child abuse and neglect in the United States.

From findings obtained in a probability sample of 26 counties in 10 states, this report presents national estimates of the numbers and characteristics of abused and neglected children who: (a) are referred to Child Protective Service (CPS) agencies for treatment, (b) are not referred to CPS but are known to other investigatory agencies which may handle abuse/neglect situations—local police, court-corrections agencies, public health departments, etc., or (c) are not known to either of the above but are identifiable from other community institutions, particularly schools and hospitals. Study findings in major subject areas are summarized below.

## Level and Rate of Reporting to CPS

In his opening remarks at the 1973 Senate hearings which culminated in the passage of the Child Abuse Prevention and Treatment Act, then-Senator Mondale quoted an alarming statistic: "Each year, some 60,000 children in this country are reported to have been abused . . ." [1] Since that time, reporting of suspected child abuse and neglect has increased dramatically. The study estimate is that over 1,100,000 children were reported to Child Protective Service agencies as suspected victims of child abuse or neglect during the last half of 1979 and the first half of 1980.[2] Following investigation of the report, nearly half of these children (an estimated 470,500 children) were substantiated by CPS as victims of child abuse or neglect. Of these children substantiated by CPS, 212,400 met the study definitions of maltreatment (see Figure 7).

Unfortunately, the study findings do *not* indicate that, with the unprecedentedly high current levels of reporting, most abused and neglected children are now being identified and helped (see Figure 8). On the contrary, of the total "in-scope" children reported to the study, only 33% (i.e. 212,400 children) were reported from CPS agencies. In contrast, 86% (i.e., 558,200 children) were reported from the participating non-CPS agencies. These percentages sum to more than 100% because 18% (i.e., 117,200 children) of the "in-scope" children were reported to the study by both CPS and non-CPS agencies.[3]

[1] Citation from Sussman, A., and Cohen, S.J., *Reporting Child Abuse and Neglect: Guidelines for Legislation.* Ballinger: Cambridge, Mass., 1975, p. 118.

[2] This is an estimate of the number of different children for whom reports were received and accepted for investigation. It does not involve double-counting of children who were reported more than once, nor does it include children involved in reports which were screened out or referred elsewhere by CPS prior to an attempt at investigation.

[3] As noted in Chapter 6, these are upper limit estimates of extent of reporting to CPS of recognized in-scope children. To varying degrees for different types of agencies, the estimates involve overcounting of reports to CPS and/or undercounting of unreported cases.

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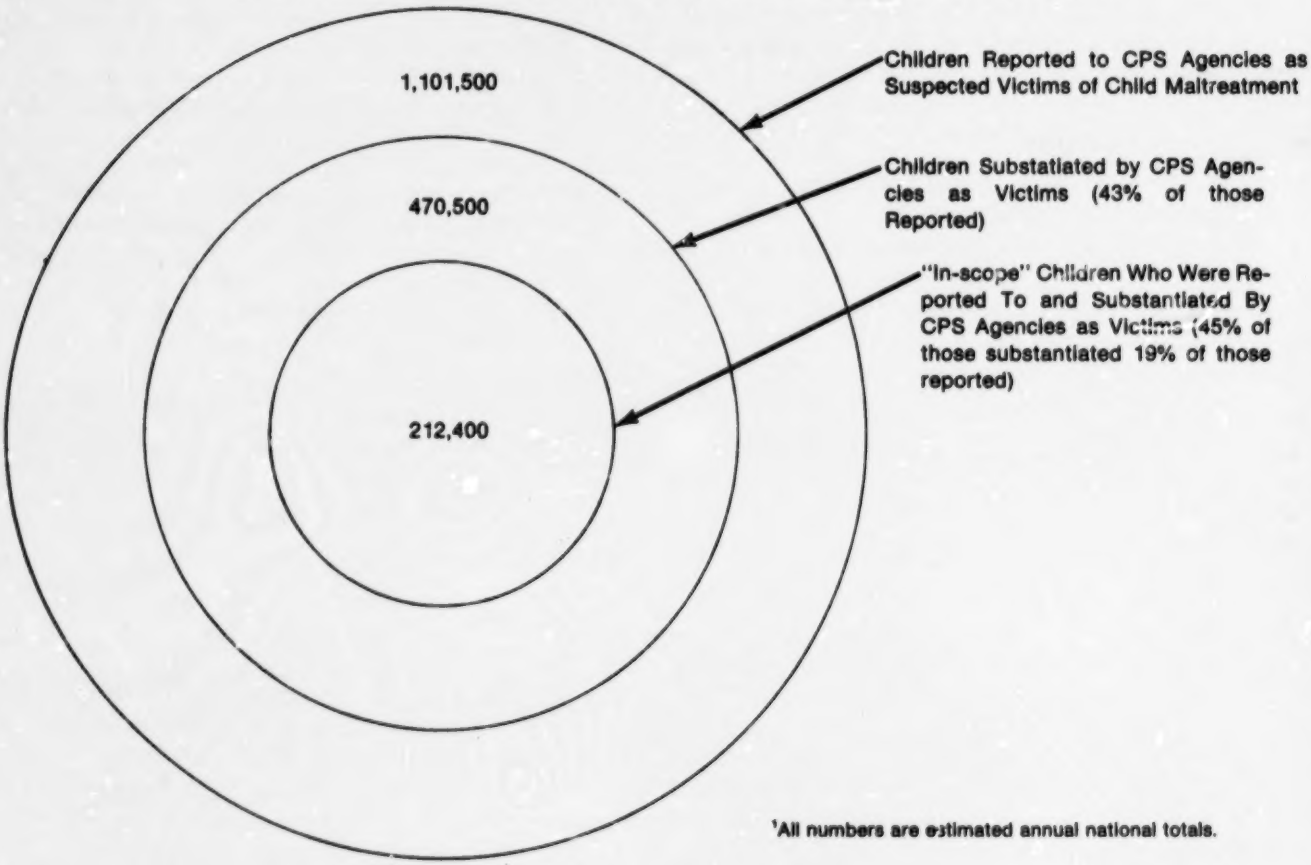
**Figure 7.** In-scope children reported to and substantiated by CPS agencies.[1]


1,101,500
470,500
212,400
Children Reported to CPS Agencies as Suspected Victims of Child Maltreatment
Children Substatiated by CPS Agencies as Victims (43% of those Reported)
"In-scope" Children Who Were Reported To and Substantiated By CPS Agencies as Victims (45% of those substantiated 19% of those reported)

[1]All numbers are estimated annual national totals.

The key findings presented in Figure 8 are:

- 68% (i.e., 441,000/652,000) of the "in-scope" children reported to the study were *not* reported to the local CPS agency.
- Of those "in-scope" children recognized by non-CPS agencies and reported to the study, only 21% (i.e., 117,200/558,200) *were* reported to CPS.

Thus, the study learned about a huge number of maltreated children recognized by persons in a variety of community agencies but not known to local CPS agencies.

No doubt, many of the "unreported" children identified to the study were receiving needed assistance from agencies other than CPS. That would seem a distinct possibility for children identified to the study by probation or public health departments or by mental health or social services agencies. Unfortunately, such agencies accounted for only 17 percent of all unreported in-scope children identified to the study (see Table 6-2). The great majority of unreported children (83 percent) were identified by agencies with very limited social service capabilities: public schools, hospitals, and police/sheriff's departments.

The proportion of in-scope children who had been reported to CPS was 33 percent overall, but was not constant across subcategories or subpopulations. Non-reporting was especially pronounced for problems in the area of educational neglect, where 87 percent of in-scope children identified to the study had *not* been reported to CPS (Table 6-3). The reporting percentages were only slightly higher in the areas of emotional neglect and emotional abuse where, respectively, 20 percent and 24 percent of in-scope children had been reported to CPS. Even in the areas of traditional CPS emphasis—physical and sexual abuse and physical neglect—the percentages of in-scope cases known to CPS were only 46 percent, 54 percent, and 41 percent, respectively.

An unexpectedly high 87 percent of all in-scope fatalities had been reported to CPS. Of perhaps greater programmatic significance—since need for protective services is somewhat academic in fatality cases—the percentage of children with "serious" maltreatment-related injuries and impairments who had been reported to CPS was only 23 percent (Table 6-3).

Somewhat surprisingly, in view of speculation in the literature concerning "overreporting" of minorities and the poor, ethnicity and family income were *not* found to be major factors in the reporting or non-reporting to CPS of recognized in-scope cases (Table 6-4). Age, on the

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other hand, appears to have been a major factor in reporting: three-fifths of in-scope children under age six had been reported to CPS while over three-quarters of those aged 12-17 had *not* been reported.

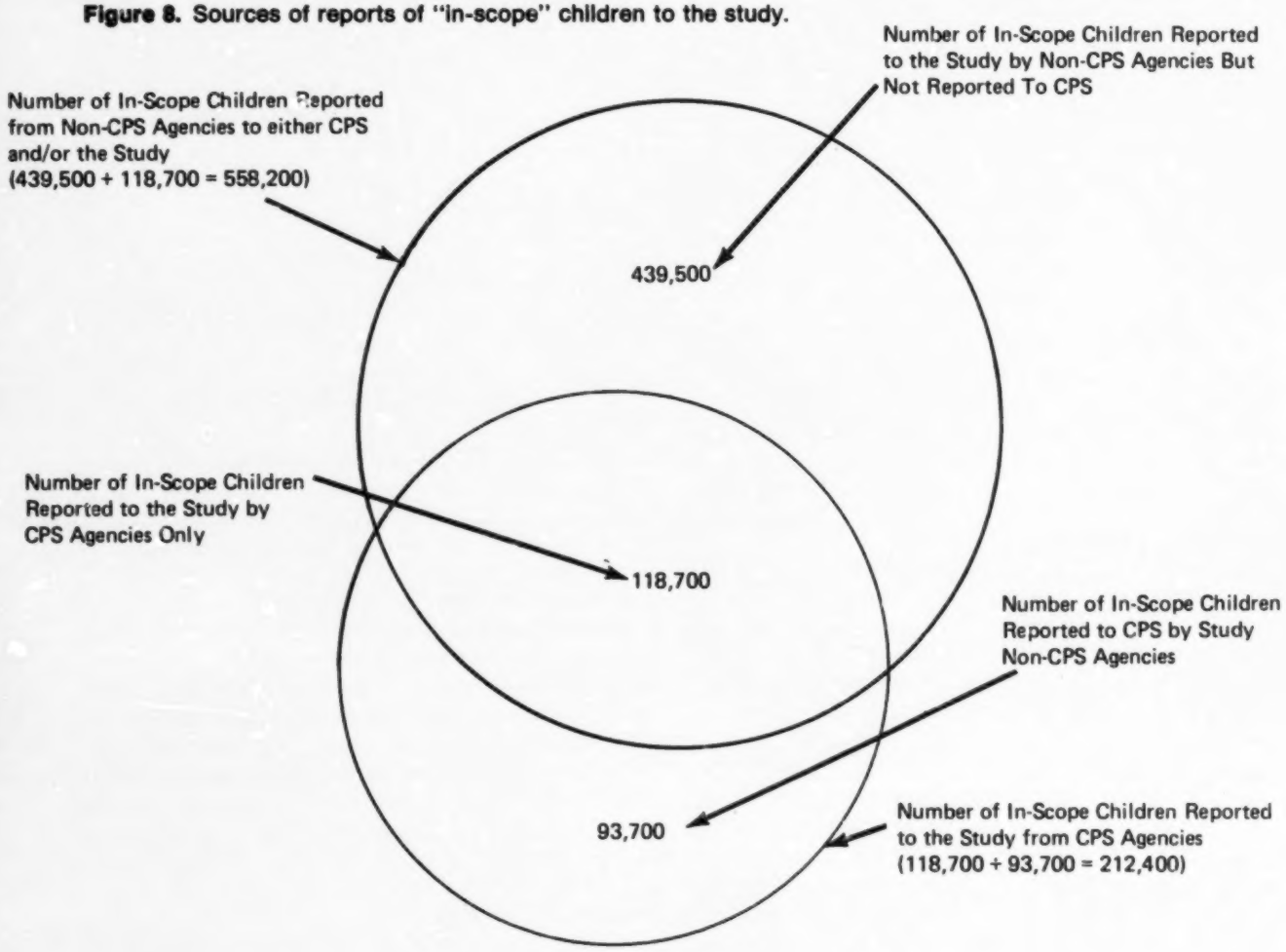
## Total Incidence

Of the approximately 470,000 children who were reported to and substantiated by CPS agencies, an estimated 212,400 were identified as meeting the study's definitional requirements. This translates into an annual incidence estimate that 3.4 children per 1,000 children in the nation were reported to and accepted for treatment by CPS agencies for abuse/neglect problems falling within the scope of this study.

The study estimate is that an additional 71,400 in-scope children were known to "other investigatory agencies" during the study year: juvenile probation departments, local police and sheriff's departments, public health departments, and coroners or medical examiners. Combined with the CPS findings, this means that an estimated 4.6 in-scope children per 1,000 were known to CPS and/or other investigatory agencies.

An estimated 368,100 additional in-scope children

**Figure 8.** Sources of reports of "in-scope" children to the study.


Number of In-Scope Children Reported to the Study by Non-CPS Agencies But Not Reported To CPS
Number of In-Scope Children Reported from Non-CPS Agencies to either CPS and/or the Study (439,500 + 118,700 = 558,200)
439,500
Number of In-Scope Children Reported to the Study by CPS Agencies Only
118,700
Number of In-Scope Children Reported to CPS by Study Non-CPS Agencies
93,700
Number of In-Scope Children Reported to the Study from CPS Agencies (118,700 + 93,700 = 212,400)

Grant Total in the Two Circles is the Unduplicated Number of Children Reported to the Study by All Sources[1]
(439,500 + 118,700 + 93,700 = 652,000)

[1] 117,200 is an estimate of the number of "in-scope" children reported to the study by *both* non-CPS and CPS agencies. The actual number may be smaller, but is not larger than 117,200. 95,200 is an estimate of the number of "in-scope" children reported to the study *only* by CPS agencies. The actual number may be slightly larger, but is not smaller than 95,200.

[2] The total in the large circle may be slightly too large, since one of its components (117,200) may be slightly too large (see footnote 1).

[3] The total in the small circle is accurate.

[4] As noted previously in this report, for convenience we have rounded off—652,000—the estimated number of "in-scope" children.

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were known to and identifiable from other agencies encompassed by the study design: public schools, short-stay general hospitals, and certain mental health and social service agencies. Adding in these children increases the estimated total of 652,000 in-scope children (or 10.5 children per 1,000) known to CPS, other investigatory agencies, and/or other agencies encompassed by the study.

As noted at several earlier points in this report, findings obtained from the study sources do not constitute a complete estimate of the total incidence of child abuse and neglect in the United States, even for recognized cases of the 21 specific kinds of abuse/neglect problems addressed in the study definitions. One way of extrapolating findings beyond the study sources would be to assume that the response rate findings for agencies represented in the study provide a best-guess estimate of the rate of reporting for other sources as well: private schools, physicians in private practice, preschool and day care facilities, private individuals (parents, children, neighbors), etc. If the measured average CPS report rate for study agencies (21 percent, from Table 6-2) is applied to all sources of reports to CPS, a first-cut estimate might be that there were approximately one million recognized in-scope children in the nation during the study year (=212,400 reported in-scope children ÷ .21, the estimated reporting fraction).

This estimate may be unreasonably conservative. For one thing, it seems unlikely that the level of reporting by neighbors, spouses, private schools, etc. is as high as that for police and probation officers, public health nurses, public school teachers, and other mandated professionals encompassed by the study design. Secondly, the 21 percent report rate figure for study agencies is an upper bound estimate (see discussion in Chapter 6). Perhaps the 13 percent report rate obtained for public schools would be a more realistic estimate of the overall level of reporting to CPS agencies. If that rate is used, the estimated total annual number of recognized in-scope children would increase to over a million and a half. (=212,400/0.13)

Another factor to consider is that the definitions used in this research were considerably narrower than those used in clinical settings: somewhat less than half of the children who were reported to and substantiated by CPS agencies were accepted as being clearly within the scope of the study definitions (see Table 3-5). Thus, if one were to guess the incidence of the full range of problems being handled by Child Protective Service agencies, it might be appropriate to double the above estimates.

Of course, such extrapolation beyond the data sources and definitions actually used in the research is an exercise in speculation. The intent of the exercise is not to propose any particular estimate of the "true" incidence of child abuse and neglect. Rather, it is to emphasize the point that the study estimate of 652,000 children is not intended and should not be interpreted as an estimate of the full extent of the problems of child abuse and neglect. Extrapolation of study findings using the most conservative of assumptions suggests that the number of recognized cases of the kinds of problems studied is at least 1,000,000 children per year, and it may well be substantially larger than that.

## Relative Incidence

For the kinds of maltreatment problems encompassed by the research, the National Incidence Study findings provide the most comprehensive information presently available about the characteristics of maltreated children and their families. Some of the main findings were:

**a. Severity**

- Eighty-four percent of the "in-scope" children represented in the study evidenced known symptoms of physical or other injuries or impairments as a result of abuse and/or neglect; the remaining 16 percent had experienced forms of maltreatment for which evidence of injury was not required (e.g., sexual exploitation, abandonment) or were assessed, based on circumstantial evidence, as "probably" having experienced demonstrable injury or impairment.
- The proportion of children who experienced serious injuries or impairments as a result of maltreatment was lowest in the area of physical abuse (9 percent), was highest in the area of emotional neglect (74 percent), and was 20 percent overall.
- Deaths resulting from maltreatment were uncommon, constituting less than one percent of the cases (an estimated 1,000 children per year).
- Nearly all maltreatment-caused fatalities resulted from physical assault (72 percent) or physical neglect (28 percent), and most (74 percent) occurred to children under 6 years of age.

**b. Age and Sex of Child**

- For most forms of maltreatment, incidence rates increased as the age of the child increased.
- In the area of sexual abuse, the age-incidence relationship was not as strong as one might expect: among male victims, incidence rates were essentially constant across age groups, and 50 percent of female sexual abuse victims were 11 years of age or younger.
- At the lower end of the age range, incidence rates for all forms of maltreatement were essentially the same for boys as for girls.
- In the older age groups, abuse incidence rates were substantially higher for girls than for boys, while neglect incidence rates were higher for boys than for girls.

**c. Family Income and Ethnicity**

- In the higher income groups (i.e., families with annual incomes of $15,000 or more), incidence rates for all forms of maltreatment were essentially the



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same for White and Nonwhite children.

- For White children, incidence rates were much higher in the low income groups than in the higher income groups, for all forms of maltreatment.
- For Nonwhite children, a similarly strong association between poverty and incidence of maltreatment was found, but only in the neglect area; abuse incidence rates were essentially constant (at low level) across income levels for Nonwhite children.

**d. Type of County**

- Overall incidence rates were somewhat lower in suburban counties than in urban or rural counties.
- Sexual abuse was proportionately more common in rural counties than elsewhere.
- Educational neglect was proportionately more common in urban counties than elsewhere.
- Emotional abuse and emotional neglect were proportionately somewhat more common in suburban counties than elsewhere.

**e. Other Variables**

- Incidence rates were somewhat higher in families with a single child or with four or more children than for families with two to three children.
- The only form of maltreatment where a substantial proportion of the involved adults were persons other than biological parents was sexual abuse. In that area, father substitutes (primarily stepfathers) were involved in 34 percent of the cases and non-parental perpetrators were involved in 32 percent of the cases. Even in this area, however, biological mothers were involved—at least to the extent of having known about the problem and having allowed it to continue—in a significant fraction of the cases (43 percent).

## Implications

The National Incidence Study findings have a bearing upon a wide range of issues. Although a thorough assessment of the study's implications for policy, programs, and legislation is beyond the scope of this report, implications in selected topic areas are briefly discussed in this concluding section. By raising questions and suggesting interpretations, the intent is to stimulate further thought about the findings and the issues. The views expressed are those of the researchers and do not necessarily represent the policy or position of the National Center on Child Abuse and Neglect or any other government agency.

**a. Awareness of Cases**

Until quite recently, lack of "community awareness" of the problems of child abuse and neglect has been perceived as a major impediment to identification and treatment, and extensive efforts have been made to increase such awareness. From all indications, these efforts have been highly successful. Reporting to CPS agencies has increased enormously in recent years, and the study findings indicate that professionals in the community are aware of a great many more cases than they report. Clearly, awareness, per se, is not nearly as much of a problem now as it may have been five or ten years ago.

**b. Awareness of Reporting Guidelines**

Public schools are reporting about 100,000 cases per year to CPS agencies. However, nearly half of these reports are not substantiated, frequently because the reported problem is—by CPS standards—inappropriate or not serious enough. Yet, public schools identified to this study nearly seven times more in-scope cases than they reported to CPS. Most of these cases, presumably, were serious enough to be reported.

These findings (together with similar findings for other agencies) suggest that, although much has been accomplished in heightening public awareness of the general problem of child abuse and neglect, much remains to be done to educate the public (and particularly the major professional groups in the community) about the specific circumstances and situations for which reporting to CPS is or is not appropriate. It appears that reporting of inappropriate cases (resulting in a wasteful expenditure of CPS resources in investigation and processing of cases which ultimately receive no services) and nonreporting of appropriate cases (resulting in a lack of needed services) are both occurring on a large scale and that both are *major* problems in the current child protection system.

Perhaps if school personnel (and other major groups) had a better understanding of the specific kinds of maltreatment situations CPS officials do want to know about and also of those the agency feels it cannot handle, more of the former and fewer of the latter would be forthcoming. In this connection, several questions need to be raised.

- Do state abuse/neglect reporting statutes contain sufficiently detailed definitions and guidelines concerning the kinds of situations mandated professionals are required to report?[4]
- Has the state and/or local Department of Social Services established sufficiently detailed regulations and guidelines (both for dissemination to the general public and for use by CPS personnel) concerning the specific kinds of situations in each

[4] Many states presently distinguish between "mandated" reporters (occupational groups specifically listed in the statute as required to report suspected cases) and "permissive" reporters (e.g., "any other person;" permissive reporters are not required to report but are afforded certain legal protections if they choose to do so "in good faith"). Perhaps one way of achieving greater specificity in reporting statutes would be to make analogous distinction between mandated and permissive situations, where mandated situations (i.e., ones for which reporting is required) are specifically listed in each major category of abuse/neglect, and permissive situations (i.e., ones where the reporter is allowed to use his or her own judgment) are described in more generic terms, e.g., "any other situation where a child's physical, mental or emotional health or development is seriously endangered as a result of the acts or omissions of persons responsible for the child's care and protection."

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general area of abuse/neglect which should be: (1) reported to CPS? (2) accepted for investigation? and (3) substantiated?

- Is there a need for better communication between the local CPS office and other agencies in the community, aimed at achieving a common understanding of what should or should not be reported?

**c. Unmet Service Needs**

Any death resulting from child abuse or neglect represents a tragic, and highly conspicuous, failure of the child protection system. Intervention aimed at protecting the child from (further) physical injury or death is a major programmatic objective for CPS agencies. In this context, it may be significant that the estimated annual number of deaths attributed to child abuse and neglect (i.e., 1,000 children per year) is so small. Prevention of fatalities may well be an area where CPS agencies are having a significant impact. At least, it appears that CPS programs are focused on the groups at highest risk. Nearly all fatalities identified in the study occurred from physical abuse or physical neglect, the areas of greatest CPS emphasis (64 percent of all substantiated reports to CPS had physical abuse or physical neglect as the primary allegation). Also, nearly three-quarters of all in-scope fatalities occurred among preschoolers, an age group for which the reporting system appears to be working relatively well: 67 percent of recognized in-scope children in the 0–5 age range had been reported to CPS, a much higher rate than was found for most other groups.

On the other hand, an emphasis on situations involving risk of physical injury or death may be resulting in insufficient attention to other situations. Adolescents and children with in-scope problems in the areas of educational neglect, emotional neglect and emotional abuse were reported to CPS proportionately much less often than younger children or children with other kinds of abuse/neglect problems. One must ask why these groups are not being reported. Is there a perception in the community that CPS agencies are not able to handle such cases effectively? Is there a need to strengthen service capabilities in these areas?

**d. Poverty and Maltreatment**

A very strong statistical relationship was found between family income and *reported* abuse/neglect (where 87 percent of in-scope children substantiated by CPS agencies were found to live in families with annual incomes under $15,000). By itself, this finding is not new, and its significance is not clear: it could "merely" indicate that low income families are particularly susceptible to reporting. What *is* new in this study is the finding that, while low income families predominate among those receiving protective services, they also predominate among the much larger numbers of maltreated children who are *not* receiving such assistance: 79 percent of recognized but unreported children also lived in families with annual incomes under $15,000.

At one level, this finding may suggest that, in allocating available protective service resources among jurisdictions (or among neighborhoods within a county or city), particular attention should be given to low income areas. At another level, the finding raises larger questions about the causes and prevention of child abuse and neglect. If the strong statistical association between family income and child maltreatment is not merely an artifact of the reporting system, does it indicate that the condition of poverty, with its attendant psychological stresses and problems in daily living, is an important root cause of child abuse and neglect? If so, will it be possible to achieve a substantial reduction in the national incidence of child abuse and neglect as long as widespread poverty exists in this country?

**e. CPS Resources**

Over the past three years, many states have broadened their reporting statutes, enlarging the range of child abuse and neglect problems for which CPS agencies are mandated to provide assessment and treatment services. Reporting has nearly doubled over this period, and has now reached a level where over one million children are being reported (some more than once) annually. At the same time, increased concerns about "accountability" and "case management" have resulted in the imposition of additional reporting requirements upon CPS agencies (i.e., increased paperwork).

In most states, CPS resources (staff, programs, budget) have not kept pace with the enormously increased workload and, in some jurisdictions, funding levels have actually been cut back.

Perhaps the most significant and distressing finding from this study is that, even with the dramatically increased levels of reporting, many (indeed, most) cases of demonstrably serious child abuse and neglect are still *not* being reported. It is not difficult to see ways in which the reporting system should be improved. Given current funding levels, however, it is very difficult to see how substantial improvements could actually be implemented. If CPS agencies do not have enough resources to handle existing cases, they can hardly be expected to go out and "beat the bushes" for more.



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# APPENDIX A

## Data Forms for Child Protective Service Agencies

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Form No. 2

## SUMMARY OF REPORT TO PROTECTIVE SERVICES OF ALLEGED CHILD ABUSE OR NEGLECT

## NATIONAL STUDY OF THE INCIDENCE AND SEVERITY OF CHILD MALTREATMENT

Westat, Inc. with Development Associates, Inc.
11600 Nebel Street, Rockville, Maryland 20852

1. Study Report No. ____ ____

2. PS Case or Report No. ____

3. Date of Report ___/___/___
   Mo. Day Yr.

4. Source of Report:
   1. Local Protective Services
   2. Other Local Welfare Dept.
   3. Mental Health
   4. Coroner/Medical Examiner
   5. Hospital
   6. Medical Clinic (not in hospital)
   7. Private MD (not in hospital)
   8. State Police
   9. Other Police/Sheriff
   10. Court
   11. Other Law Enforcement
   12. Public School (K–12)
   13. Private School (K–12)
   14. Special Ed. School
   15. Preschool/Day Care Agency
   16. Other Mandated/Agency Source
   ____
   17. Family Member
   18. Other Non-Mandated Source
   19. Anonymous/Unknown

5. Allegation ____

____

6. Name of Investigating CPS Worker (or reason, if not assigned for investigation) ____

7. Number of children in household: ____ (list below, beginning with alleged victims)

| Child's First Name and Initial Letter of Last Name | | Age in Years | Birthdate | | | Sex (M or F) | Check (✓) if alleged victim | Check (✓) if fatal or critical injury |
|---|---|---|---|---|---|---|---|---|
| First Name | Initial | | Mo. | Day | Yr. | | | |
| a. | | | | | | | | |
| b. | | | | | | | | |
| c. | | | | | | | | |
| d. | | | | | | | | |
| e. | | | | | | | | |
| f. | | | | | | | | |
| g. | | | | | | | | |
| h. | | | | | | | | |
| i. | | | | | | | | |
| j. | | | | | | | | |

8. Location of Household:
   City/Town: ____ County: ____ State: ____

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# PROTECTIVE SERVICES DATA FORM

Data Form No:
03070

NATIONAL SURVEY OF THE INCIDENCE AND SEVERITY OF CHILD MALTREATMENT

PLEASE USE BALL POINT PEN
PRESS FIRMLY

Westat, Inc. and Development Associates, Inc.
11600 Nebel Street, Rockville, Maryland 20852

OMB No.: 85R0348
Expires: Dec. 1980
Project No.: 0086

| A. _____ PS (PROTECTIVE SERVICES) CASE NO. | B. ____/____/____ DATE OF REPORT TO PS | C. _____ NAME OF INVESTIGATING PS WORKER | D. ____/____/____ DATE FORM COMPLETED |
|---|---|---|---|

E. PARENT(s)/SUBSTITUTE(s) IN HOME AND AND OTHER INVOLVED ADULTS, IF ANY

| | AGE IN YEARS | SEX (M or F) | ADULT ROLE ① ALLEGED | ADULT ROLE ① INDICATED | ETHNIC GROUP ② | EDUCATION ③ | EMPLOYMENT ④ |
|---|---|---|---|---|---|---|---|
| 1. Mother/Substitute | | F | | | | | |
| 2. Father/Substitute | | M | | | | | |
| OTHER INVOLVED ADULTS, IF ANY. Specify relationship (e.g., mother's boyfriend, babysitter) | | | | | | | |
| 3. | | | | | | | |
| 4. | | | | | | | |

F. NUMBER OF CHILDREN UNDER 18 IN HOUSEHOLD: _____ (List below, beginning with alleged victims.)

| CHILD'S FIRST NAME AND INITIAL LETTER OF LAST NAME: FIRST NAME | INITIAL | AGE IN YEARS | BIRTHDATE MO. | DA. | YR. | SEX (M or F) | RELATIONSHIP TO: ⑤ MOTHER/SUB. | RELATIONSHIP TO: ⑤ FATHER/SUB. | CHILD ROLE ⑥ ALLEGED | CHILD ROLE ⑥ INDICATED |
|---|---|---|---|---|---|---|---|---|---|---|
| a. | | | | | | | | | | |
| b. | | | | | | | | | | |
| c. | | | | | | | | | | |
| d. | | | | | | | | | | |
| e. | | | | | | | | | | |
| f. | | | | | | | | | | |

① ADULT ROLE CODE
1. Maltreated the child
2. "Permitted" maltreatment by others
3. Not involved
4. Unknown

② ETHNIC GROUP CODE:
1. American Indian/Alaskan Native
2. Asian/Pacific Islander
3. Black, not of Hispanic origin
4. Hispanic
5. White, not of Hispanic origin
6. Other (SPECIFY): _____
7. Unknown

③ EDUCATION CODE:
1. Grades 0–8
2. Some High School
3. High School Grad
4. Some College or Post-HS Training
5. College Grad
6. Unknown

④ EMPLOYMENT CODE:
1. Employed Full-Time
2. Employed Part-Time
3. Unemployed, Looking for work
4. Not in Labor Force
5. Unknown

⑤ RELATIONSHIP TO PARENT/SUBSTITUTE CODE:
1. Natural Child
2. Step Child
3. Foster Child
4. Adopted Child
5. Grandchild
6. Other (SPECIFY): _____
7. Unknown

⑥ CHILD ROLE CODE:
1. Victim
2. Not a Victim
3. Unknown

G. LOCATION OF HOUSEHOLD: City/Town: _____ County: _____ State: _____

H. SETTING OF HOUSEHOLD (Circle one): 1. Rural area 2. Village/Hamlet 3. Unincorporated Suburb 4. City 5. Unknown

I. ESTIMATED ANNUAL FAMILY INCOME: 1. Less than $7,000 2. $7,000–$14,999 3. $15,000 $24,999 4. $25,000 or more

J. FAMILY RECEIVING AFDC? 1. Yes 2. No 3. Unknown

K. FAMILY COVERED BY MEDICAID? 1. Yes 2. No 3. Unknown

L. SOURCE(S) OF THIS REPORT:
1. Local Protective Services
2. Other Local Welfare Unit
3. Mental Health
4. Coroner/Medical Examiner
5. Hospital
6. Medical Clinic (not in hospital)
7. Private MD (not in hospital)
8. State Police
9. Other Police/Sheriff
10. Court
11. Other Law Enforcement
12. Public School (K–12)
13. Private School (K–12)
14. Special Ed. School
15. Preschool/Day Care Agency
16. Other Mandated/Agency Source (SPECIFY): _____
17. Family member, relative
18. Other nonmandated source
19. Anonymous/Unknown

M. PS STATUS AT TIME OF ALLEGED INCIDENT: 1. Active PS case 2. Not active but previously reported 3. Not previously reported

N. INCIDENCE STUDY STATUS: 1. First study form for alleged victim 2. Not first form (Prior form no: _____)

O. PARENT/SUBSTITUTE RESPONSE TO PS ASSESSMENT (Enter code number in spaces indicated; answer a. and b. for both Parents/Substitutes)

a. Mother/Substitute _____ Father/Substitute _____
1. Cooperative
2. Uncooperative
3. Not contactecd

b. Mother/Substitute _____ Father/Substitute _____
1. Acknowledged Allegation
2. Denied Allegation
3. Not contacted/Not applicable

P. STATUS OF PS ASSESSMENT: 1. Founded 2. Indicated 3. Unfounded

Q. GIVE A BRIEF EXPLANATION OF BASIS FOR ASSESSMENT AND, IF UNFOUNDED, SUMMARIZE ALLEGATION.

IF FOUNDED OR INDICATED, OR BELIEVED TO MEET STUDY DEFINITIONS, REMOVE CARBONS AND CONTINUE ON REVERSE SIDE; OTHERWISE, DO NOT COMPLETE REST OF FORM.

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R. SUMMARY OF SUSPECTED MALTREATMENT (USE ANSWER CODES FROM BOTTOM OF PAGE.)

| | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1. FORM(S) OF MALTREATMENT Ⓐ | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. DATE OF (MOST RECENT) OCCURRENCE | | | | | | | | | | | | | | | | | | | | | | | | |
| 3. INVOLVED CHILD(REN) (From item F; circle all that apply) | a | b | c | d | e | f | a | b | c | d | e | f | a | b | c | d | e | f | a | b | c | d | e | f |
| 4. SEVERITY Ⓑ | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. NATURE Ⓒ | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. ASSESSMENT Ⓓ | | | | | | | | | | | | | | | | | | | | | | | | |

S. BRIEFLY DESCRIBE THE SUSPECTED HARM CAUSING OR ENDANGERING ACTS/OMISSIONS. Include pertinent information about frequency, duration, precipitating events, if applicable. Indicate suspected involvement of parents/substitutes or other adult caretakers. Use item V if more space needed.

T. EVIDENCE OF HARM. Describe any physical injuries, illnesses, symptoms of emotional injury or trauma, or health, school or behavior problems which you suspect to have been caused or worsened by the acts/omissions described above. Answer separately for each involved child. Use item V if more space needed.

| *Child's First Name* | *Effects of Suspected Maltreatment* |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |

U. RELATED PROBLEMS. Summarize any other major factors which were taken into account in the protective services assessment of this report (parent's mental illness or mental retardation; lack of homemaking skills; previous incidents; parent's expressed need/desire for help, etc.).

V. ADDITIONAL COMMENTS OR EXPLANATIONS:

## ITEM R ANSWER CODES

Ⓐ FORM(S) OF SUSPECTED MALTREATMENT

*Physical Assault with Bodily Injury*
1. Assault with implement (knife, strap, cigarette, etc.)
2. Assault without implement (hit with fist, bit, etc. or means of assault unknown)

*Sexual Exploitation*
3. Intrusion (acts involving penile penetration—oral, anal or genital; e.g., rape, incest)
4. Molestation with genital contact
5. Other or unknown

*Other Abusive Treatment*
6. Verbal or emotional assault (threatening, belittling, etc.)
7. Close confinement (tying, locking in closet, etc.)
8. Other or unknown (e.g., attempted physical or sexual assault)

*Refusal of Custody*
9. Abandonment
10. Other (expulsion, refusal to accept custody of runaway, etc.)

*Inattention to Remedial Health Care Needs*
11. Refused to allow or provide needed care for diagnosed condition or impairment
12. Unwarranted delay or failure to seek needed care

*Inattention to Physical Needs*
13. Inadequate supervision
14. Disregard of avoidable hazards in home (exposed wiring, broken glass, etc.)
15. Inadequate nutrition, clothing or hygiene
16. Other (e.g., reckless disregard of child's safety: driving while intoxicated, etc.)

*Inattention to Educational Needs*
17. Knowingly "permitted" chronic truancy
18. Other (repeatedly kept child home, failed to enroll, etc.)

*Inattention to Emotional/Developmental Needs*
19. Inadequate nurturance/affection (e.g., failure-to-thrive)
20. Knowingly "permitted" maladaptive behavior (delinquency, serious drug/alcohol abuse, etc.)
21. Other

*Other*
22. Involuntary neglect (due to hospitalization, incarceration, etc.)
23. General neglect (more than two of codes 13–16: use only for endangerment)
24. Maltreatment other than above

Ⓑ SEVERITY OF MALTREATMENT-CAUSED HARM/ENDANGERMENT (use lowest code number that applies)

1. Fatal: maltreatment suspected as a major contributory cause of death
2. Life-Threatening Injury/Condition: required emergency care aimed at preserving child's life
3. Serious Injury/Condition: professional treatment/remediation needed to alleviate acute present suffering or to prevent significant long-term impairment
4. Moderate Injury/Condition: behavior problem or physical/mental/emotional condition with observable symptoms lasting at least 48 hours
5. Probable Impairment: no obvious injuries or problems but, in view of the extreme or traumatic nature of the maltreatment, it is probable that the child's mental or emotional health or capabilities have been significantly impaired
6. Endangered: child's health or safety was or is seriously endangered, but child appears not to have been harmed thus far
7. Other/Unknown

Ⓒ NATURE OF HARM/ENDANGERMENT DESCRIBED IN R4

1. Physical injury
2. Other health condition or physical impairment
3. Impaired educational development (includes chronic truancy)
4. Mental/emotional injury or impairment or behavior problem (except chronic truancy)
5. Unknown or not applicable: use only if Ⓑ = 5, 6 or 7

Ⓓ ASSESSMENT OF LIKELIHOOD THAT THIS CHILD WAS ACTUALLY HARMED DURING THE STUDY PERIOD AS A RESULT OF THIS FORM OF MALTREATMENT (AS CODED IN R1). BASE ANSWER ON STUDY DEFINITIONS.

1. Certain
2. Very Probable (above 80 percent probability)
3. Probable (51–80 percent probability; more likely than not)
4. Doubtful (50 percent or less probability)
5. Very Doubtful (situation appears not to meet study definitions)



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# APPENDIX B

## Guidelines and Data Form for Non-CPS Respondents

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Data Form No.

# NATIONAL INCIDENCE STUDY DATA FORM

OMB No.: 85R0348
Expires: Dec. 1980
Study No.: 0086

WESTAT INC., WITH DEVELOPMENT ASSOCIATES, INC.
1600 Nebel Street, Rockville, Maryland 20852

FOR ASSISTANCE IN COMPLETING THE FORM OR TO PROVIDE DATA ANONYMOUSLY BY TELEPHONE, CALL TOLL-FREE (800)-638-6696, 9 A.M. TO 6 P.M. (PREVAILING EASTERN TIME) MONDAY-FRIDAY OR NOON TO 5 P.M. ON SATURDAYS.

IMPORTANT: Information provided on this form is confidential and will be used *for research purposes only. Return of this form does not* constitute an official report of suspected child abuse or neglect as may be required of you under State law, and the study guidelines (below) are *not* intended to indicate circumstances where an official report would—or would not—be required.

## GUIDELINES FOR USE OF DATA FORM

### GENERAL INSTRUCTIONS

Please provide the information requested on this form—either by completing the form itself or by calling Westat's toll-free number (above) and giving the information to a study staff member—for any child *under 18 living in a study county* whom you suspect to have been "maltreated" defined below. Note that, although data collection begins October 1, 1979, the study encompasses maltreatment situations *occurring at any time between September 1, 1979 and December 31, 1979.* Information must be received by January 15, 1980 to be included in the study findings.

### SITUATIONS ENCOMPASSED BY STUDY

The three major aspects of the study definitions are as follows:

1. **Persons responsible for maltreatment:** Child maltreated by a "parent/substitute" or "other adult caretaker," or a "parent/substitute" "permitted" maltreatment by other persons. Key terms (in quotation) are defined at bottom of page 2.

2. **Maltreatment events:** Through purposive acts or marked inattention to child's needs, behavior of a parent/substitute or other adult caretaker caused foreseeable and avoidable injury or impairment to a child or materially contributed to unreasonable prolongation or worsening of an existing injury or impairment. Any of the following occurrences during the study period would meet this definition.

   - **Physical assault** (including excessing corporal punishment) resulting in bodily injury with observable symptoms lasting at least 48 hours (slight bruising or reddening of skin consistent with mild corporal punishment is excluded);
   - **Sexual exploitation:** acts such as sexual intercourse (forcible or consensual), deviate intercourse, molestation with genital contact or promoting of prostitution (study assumes probable emotional injury);
   - **Close confinement:** binding of arms or legs, locking in closet, etc. (study assumes probable emotional injury);
   - **Any other pattern of assaultive, exploitative or abusive treatment:** such as threatened or attempted physical or sexual assault, extreme verbal abuse or other overtly hostile or punitive treatment if believed to have caused significant physical, mental or emotional injury or impairment serious enough to persist at least 48 hours (transitory emotional upset is excluded);
   - **Complete abandonment or other refusal to maintain custody:** expulsion from home, refusal to accept custody of a runaway, etc. (study assumes probable emotional injury);
   - **Encouragement or "permitting" of chronic maladaptive behavior:** truancy (at least five days per month on an average), delinquency, prostitution, serious drug/alcohol abuse, etc.;
   - **Refusal to allow needed treatment** for a professionally diagnosed physical, educational, emotional or behavioral problem, or failure to obtain or provide treatment in accord with professional recommendation, if physically and financially able to do so and if the refusal or failure has resulted in significant prolongation or worsening of the condition;
   - **Failure to register or enroll child in school** as required by State law, if resulting in significant loss of schooling (three weeks or more);
   - **Failure to seek or unwarranted delay in seeking competent medical care** for a "serious" injury, illness or impairment, if failure or delay resulted in significant prolongation or worsening of the condition and if the need for professional care should have been apparent to a responsible adult without special medical training;
   - **Consistent or extreme inattention to the child's physical or emotional needs,** including needs for food, clothing, supervision, affection, and reasonable safe and hygienic living conditions, if such inattention has resulted in the occurrence of a "serious" and foreseeable accidental injury, health problem, or other impairment and if the parents/substitutes were physically and financially able to provide the needed care; or
   - **Other** maltreatment occurrences of similar seriousness.

3. **Evidence of injury or impairment:** In addition to situations where there is visible evidence of physical, mental or emotional injury or impairment, the study includes situations where—in your judgment—there is reason to believe that significant injury or impairment has *probably* occurred, due to the extreme or traumatic nature of the maltreatment. As noted above, certain forms of maltreatment (sexual exploitation, etc.) have been designated as falling in this "probable impairment" category and should be included even if you are not aware of any particular signs of injury or impairment.

   - Lack of *preventive* health care such as innoculations or routine examinations;
   - Behavior problems that had not been brought to the parent/substitute's attention or that persisted despite conscientious efforts to modify the child's behavior;
   - Problems the parent/substitute lacked the financial means to prevent or alleviate and for which appropriate assistance was not available through public agencies.

### SUPPLEMENTAL FORMS FOR SIBLINGS

If you suspect more than one child in a family to have been "maltreated" during the study period, please fill in a form completely for one child. For each additional maltreated child in the family, enter the *first* child's data form number (from top of page 1) in item 32 of a new data form and answer items 1–18; items 19–31 may be left blank if the information is the same as for the first child. After checking to be sure the form numbers have been cross-referenced (in item 31 of the first child's form) staple or paper clip the forms together for return to Westat.

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BEFORE COMPLETING THIS FORM, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW SO WE CAN REACH YOU IN CASE ANY CLARIFICATION IS NEEDED (does not apply if data provided by telephone). This section will be deleted and destroyed within 10 days of receipt at Westat.

Your Name _____ Phone No. _____ ☐ Home ☐ Office Best time of day to call _____

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• NOTE: REMEMBER TO PROVIDE INFORMATION REQUESTED ON PREVIOUS PAGE (YOUR NAME, ETC.)

1. DATE FORM COMPLETED: ____/____/____ (MO / DA / YR)

2. YOUR PLACE OF EMPLOYMENT: (Circle One)

1. "Elementary" School
2. "Secondary" School
3. Special Ed. School
4. Hospital
5. Police/Sheriff Office
6. Court
7. Coroner or Medical Examiner Office
8. Other (SPECIFY) _____

3. YOUR OCCUPATION: (Circle One)

1. Social Worker
2. Nurse
3. MD: Intern
4. MD: Hosp. employee
5. MD: Private pract.
6. MD: Other e.g., Medical Examiner
7. Psychologist
8. Principal
9. Classroom teacher
10. Police Officer
11. Judge
12. Other court officer
13. Other (SPECIFY) _____

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4. CHILD'S *FIRST* NAME:

5. INITIAL LETTER OF CHILD'S LAST NAME:

6. CHILD'S SEX: (Circle One) 1 Male 2 Female

7. CHILD'S BIRTHDATE: ____/____/____ (MO / DA / YR)

8. CHILD'S AGE: _____ Years (OR) _____ Months

9. CHILD'S ETHNIC GROUP: (Circle One)

1. American Indian or Alaskan Native
2. Asian or Pacific Islander
3. Black, not Hispanic origin
4. Hispanic
5. White, not of Hispanic origin
6. Other (SPECIFY) _____
7. Unknown

BOX A—FORM(S) OF SUSPECTED MALTREATMENT (FOR USE IN ITEM 13)

*Physical Assault with Bodily Injury*
1. Assault with implement (knife, strap, cigarette, etc.)
2. Assault without implement (hit with fist, bit, etc. or means of assault unknown)

*Sexual Exploitation*
3. Intrusion (acts involving penile penetration—oral, anal or genital; e.g., rape, incest)
4. Molestation with genital contact
5. Other or unknown

*Other Abusive Treatment*
6. Verbal or emotional assault (threatening, belittling, etc.)
7. Close confinement (tying, locking in closet, etc.)
8. Other or unknown (e.g., attempted physical or sexual assault)

*Refusal of Custody*
9. Abandonment
10. Other (expulsion, refusal to accept custody of runaway, etc.)

*Inattention to Remedial Health Care Needs*
11. Refused to allow or provide needed care for diagnosed condition or impairment
12. Unwarranted delay or failure to seek needed care

*Inattention to Physical Needs*
13. Inadequate supervision
14. Disregard of avoidable hazards in home (exposed wiring, broken glass, etc.)
15. Inadequate nutrition, clothing or hygiene
16. Other (e.g., reckless disregard of child's safety, driving while intoxicated, etc.)

*Inattention to Educational Needs*
17. Knowingly "permitted" chronic truancy
18. Other (repeatedly kept child home, failed to enroll, etc.)

*Inattention to Emotional/Developmental Needs*
19. Inadequate nurturance/affection (e.g., failure-to-thrive)
20. Knowingly "permitted" maladaptive behavior (delinquency, serious drug/alcohol abuse, etc.)
21. Other

*Other*
24. Maltreatment other than above

BOX B—SEVERITY OF INJURY OR IMPAIRMENT (FOR USE IN ITEM 14; ENTER LOWEST NUMBER THAT APPLIES)

1. *Fatal injury or condition:* Maltreatment suspected as major contributory cause of child's death.
2. *Life threatening injury or condition:* Required emergency care aimed at preserving child's life.
3. *Serious injury or condition:* Professional treatment needed to relieve acute present suffering or prevent significant long-term impairment.
4. *Moderate injury or condition:* Behavior problem or physical, mental or emotional injury or impairment with observable symptoms lasting at least 48 hours.
5. *Probable impairment:* No obvious injuries or problems but, in view of the extreme or traumatic nature of the maltreatment, it is probable that the child's mental, emotional or physical health or capabilities have been significantly impaired.
6. *Other* (Please explain in item 10)

DEFINITION OF KEY TERMS

*Parent(s)/Substitute(s):* the parents, stepparents, foster parents or other legal guardians with whom the child was living, or if not living with such persons, the adult(s) with primary responsibility for the child's care. If one parent/substitute does not have a spouse normally living in the household (e.g., separated, divorced, never married), the other is considered missing.

*Other Adult Caretaker:* Any adult 18 or older who lived at or regularly visited the child's home (grandparents, adult siblings, a mother's boyfriend, etc.) or was in some other way responsible for the child's care (an adult babysitter, a divorced parent not living with the child, etc.) and is involved in the suspected maltreatment—is suspected to have maltreated the child.

*Permitted:* Knowingly allowed without attempting to intervene—was present during the maltreatment and did not attempt to stop it or had reason to know about the problem or danger (e.g., having been informed of previous incidents) but did not attempt to protect the child or prevent recurrences.

*"Elementary" School:* Contains none of grades 9–12; *"Secondary" School:* Contains any of grades 9–12.

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NOTE:

- REMEMBER TO PROVIDE INFORMATION REQUESTED ON PREVIOUS PAGE (QUESTIONS 1–9)
- USE ITEM 32 OR A SEPARATE SHEET OF PAPER IF YOU NEED MORE SPACE FOR YOUR ANSWERS.

10. INDICATIONS OF INJURY/IMPAIRMENT: Describe any injuries, health conditions, physical impairments, emotional problems, or school or behavior problems you suspect to have been caused or worsened by maltreatment. Be specific (e.g., child often truant during last 2 months—missed 18 of last 30 school days). Indicate approximate dates of key events. If you are not aware of any particular symptoms or problems, so indicate.

11. SUSPECTED MALTREATMENT BEHAVIOR: Describe the suspected maltreatment acts or omissions of the child's parent(s)/substitute(s) or other adult caretakers. Include any available information about the precipitating events and about the seriousness of the problem (e.g., frequency, duration, prior incidents). Refer to individuals by relationship to child (e.g., mother, grandfather), *not* by name.

12. BASIS FOR SUSPICION: Describe how this situation came to your attention; indicate the information or reasoning which leads you to suspect that the above-described behavior by the suspected adult has actually occurred and (if applicable) caused or contributed to child's injuries or problems.

| Indicate in item 13 the form(s) of maltreatment you suspect the child to have experienced during the study period and then answer 14–18 (for each form, if more than one applies). If you suspect more than one form of maltreatment, begin in the leftmost column with the one about which you are most certain. | MAJOR FORM OF MAL-TREATMENT | IF APPLICABLE | |
|---|---|---|---|
| | | 2nd FORM | 3rd FORM |
| 13. FORM(S) OF SUSPECTED MALTREATMENT: (Enter Code From Box A, Previous Page) | | | |
| 14. SEVERITY OF INJURY OR IMPAIRMENT: (Enter Code From Box B, Previous Page) | | | |
| 15. TYPE OF INJURY OR IMPAIRMENT DESCRIBED IN ITEM 14: (Circle One No.) | | | |
| 1. A physical injury | 1 | 1 | 1 |
| 2. Other health condition or physical impairment | 2 | 2 | 2 |
| 3. A mental or emotional injury or impairment or a behavior problem | 3 | 3 | 3 |
| 4. Other (Explain in Item 10.) | 4 | 4 | 4 |
| 5. Not applicable (e.g., no known symptoms or problems.) | 5 | 5 | 5 |
| 16. (APPROXIMATE) DATE OF INCIDENT: (Enter Mo/Da/Yr.) | __/__/__ | __/__/__ | __/__/__ |
| 17. ADULTS BELIEVED RESPONSIBLE FOR ABOVE: (Circle all that Apply) | | | |
| 1. Mother/substitute | 1 | 1 | 1 |
| 2. Father/substitute | 2 | 2 | 2 |
| 3. Other adult caretaker | 3 | 3 | 3 |
| 18. CERTAINTY: Taking into account the completeness and reliability of the information available to you, how would you assess the likelihood that this form of maltreatment (noted in Item 13) actually occurred *and*, if harm was noted, that it caused or contributed to the child's injury or problem? (Circle One No.) | | | |
| 1. Very likely: I'm almost certain | 1 | 1 | 1 |
| 2. Likely: I could be mistaken, but I don't think so | 2 | 2 | 2 |
| 3. Unsure (please explain in Item 32) | 3 | 3 | 3 |

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Describe in 19–25 the Parent(s)/Substitute(s) in the child's home and any other adult caretaker involved in the suspected maltreatment. If a column does not apply (e.g., if there is no father/substitute in the home), leave blank.

| | MOTHER/ SUBSTITUTE | FATHER/ SUBSTITUTE | OTHER INVOLVED ADULT |
|---|---|---|---|
| 19. RELATIONSHIP TO CHILD: (Circle One; If necessary, specify, e.g., grandmother, mother's boyfriend, adult babysitter) | 1. Natural mother<br>2. Stepmother<br>3. Other (SPECIFY) _____ | 1. Natural father<br>2. Stepfather<br>3. Other (SPECIFY) _____ | (SPECIFY) _____ |
| 20. SUSPECTED ROLE IN MALTREATMENT: (Circle One; answer should be consistent with Item 17) | | | |
| 1. Maltreated the child | 1 | 1 | 1 |
| 2. "Permitted" maltreatment by others | 2 | 2 | 2 |
| 3. Not involved in maltreatment | 3 | 3 | 3 |
| 4. Unknown | 4 | 4 | 4 |
| 21. SEX: (Circle One) | | | 1. Male<br>2. Female |
| 22. AGE: (Estimate if uncertain; if no basis for estimate, enter "Unknown") | | | |
| 23. EMPLOYMENT STATUS: (Circle One) | | | |
| 1. Employed full-time (30 hrs. or more/wk) | 1 | 1 | 1 |
| 2. Employed part-time (less than 30 hrs/wk) | 2 | 2 | 2 |
| 3. Unemployed, looking for work | 3 | 3 | 3 |
| 4. Other (Specify; e.g., housewife, disabled) _____ | 4 | 4 | 4 |
| 5. Unknown | 5 | 5 | 5 |
| 24. HIGHEST EDUCATION LEVEL OBTAINED: (Circle One) | | | |
| 1. Grades 0–8 | 1 | 1 | 1 |
| 2. Some high school | 2 | 2 | 2 |
| 3. High school graduate | 3 | 3 | 3 |
| 4. Some college or post-high school training | 4 | 4 | 4 |
| 5. College graduate or beyond | 5 | 5 | 5 |
| 6. Unknown | 6 | 6 | 6 |

25. LOCATION OF CHILD'S HOUSEHOLD:

City or town: _____
County: _____
State: _____

26. SETTING OF THE HOUSEHOLD: (Circle One)

1. Rural Area
2. Village or hamlet
4. Unincorporated suburb
4. City
5. Unknown

27. ESTIMATED ANNUAL INCOME OF HOUSEHOLD: (Circle One; If *no* basis for estimate, write "Unknown")

1. Less than $7,000
2. $ 7,000—$14,999
3. $15,000—$24,999
4. $25,000 or more

26. DOES THE HOUSEHOLD RECEIVE AID TO FAMILIES WITH DEPENDENT CHILDREN (AFDC)? (Circle One)

1. Yes
2. No
3. Unknown

29. IS THE FAMILY COVERED BY MEDICAID? (Circle One)

1. Yes
2. No
3. Unknown

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30. BESIDES THE CHILD DISCUSSED ON THIS FORM, HAVE THERE BEEN OTHER CHILDREN UNDER 18 LIVING IN THE HOUSEHOLD DURING THE STUDY PERIOD? (Circle One; If Yes, specify)

1. Yes ——> How many other children? _____
2. No
3. Unknown

IF YOU ANSWERED "NO" OR "UNKNOWN" TO ITEM 30, SKIP TO ITEM 32. IF YOU ANSWERED "YES" CONTINUE TO ITEM 31.

31. IF YOU HAVE REASON TO SUSPECT OTHER CHILDREN IN THIS HOUSEHOLD TO HAVE BEEN HARMED DURING THE STUDY PERIOD THROUGH MALTREATMENT, PLEASE PROVIDE THE INFORMATION REQUESTED BELOW AND FILL IN A SUPPLEMENTAL FORM FOR EACH SUCH CHILD. (See page 1 Guidelines for Instructions)

| CHILD'S FIRST NAME AND LAST INITIAL | AGE | SEX | DATA FORM NO. |
|---|---|---|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

32. ADDITIONAL COMMENTS OR EXPLANATIONS:

THANK YOU FOR TAKING THE TIME TO COMPLETE THIS FORM.

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